2015

Uniform Service Coding Standards Manual



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Table of Contents

l.	Introdu	ction	
	I.A.	Purpose	4
	I.B.	Manual Format	
II.	Colorad	lo Community Behavioral Health Services Program	
	II.A.	Program Service Categories	6
	II.A.1.	Medicaid State Plan Services	6
	II.A.2.	Behavioral Health Program 1915(b)(3) Waiver Services	8
	II.B.	Covered Diagnoses	10
	II.C.	Provider Types	21
	II.C.1.	Licensed Marriage & Family Therapist (LMFT)	21
	II.C.2.	Licensed Professional Counselor (LPC)	22
	II.C.3.	Licensed Psychologist	23
	II.C.4.	Professional Nurses	23
	II.C.4.	A. Advanced Practice Registered Nurse (APRN)	23
	II.C.4.I	B. Advanced Practice Nurse with Prescriptive Authority (RxN)	24
	II.C.4.0	C. Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN	24
	II.C.5.	Peer Specialist (PS)	25
	II.C.6.	Physician Assistant (PA)	25
	II.C.7.	Psychiatrist	26
	II.C.8.	Qualified Medication Administration Person (QMAP)	26
	II.C.9.	Social Worker (SW)	27
	II.C.9.	A. Licensed Clinical Social Worker/Licensed Social Worker (LCSW/LSW)	27
	II.C.10). Unlicensed Psychotherapist	27
	II.C.11	Intern	28
	II.C.12	Certified Addiction Counselor (CAC)	28
	II.C.12	P.A. Certified Assistant Addiction Counselor (CAC I)	28
	II.C.12	P.B. Certified Addiction Counselor (CAC II)	28
	II.C.12	P.C. Certified Senior Addiction Counselor (CAC III)	28
	II.C.13	S. Licensed Addiction Counselor (LAC)	28
	II.C.14	L. Certified Prevention Specialist	29
	II.C.15	i. Treatment Facility	29
	II.D.	Place of Service (POS)	30
	II.E.	Procedure Code Modifiers	33
	II.E.1.	CPT® Modifiers	34
	II.E.2.	HCPCS Level II Modifiers	34
	II.E.3.	Community Behavioral Health Services Program Service Category Identifiers	37
	II.F.	Behavioral Health Services Program Procedure Codes	38
	II.F.1.	Assessment Services	205
	II.F.2.	Case Management (CM) Services	209
	II.F.3.	Peer Support/Recovery Services	211
	II.F.4.	Prevention/Early Intervention Services	212
	II.F.5.	Residential Services	214
	II.F.6.	Social Ambulatory Detoxification	217
	II.F.7.	Room and Board	217
	II.F.8.	Respite Care Services	217
	II.F.9.	Treatment Services	218
	II.G.	Evaluation and Management	
	II.G.1.		
	II.G.2.	Evaluation and Management Procedure codes	243
III.	Time D	ocumentation Rules/Standards	
	III.A.	Fifteen (15) Minute Time-Based Procedure Codes	249
	III.B.	One Hour Time-Based Procedure Codes	250

	III.C.	Time-Based Encounter Procedure Codes	250
	III.D.	Consultation Services	251
	III.E.	Missed Appointments	251
IV.	Procedu	re Coding Best Practices	251
	IV.A.	Clinical Coding Systems	251
	IV.B.	Responsibility for Code Assignments	252
	IV.C.	General Procedure Coding Requirements	252
	IV.D.	Technical Documentation Requirements	253
	IV.E.	Correcting Inaccurate Code Assignments & Processing Claim Rejections	253
	IV.F.	Coding Audits	
	IV.G.	Data Quality	255
	IV.H.	Coding Codes of Ethics	255
٧.	General	Billing Guidelines	256
	V.A.	Claim Types	
	V.A.1.	••	
	V.A.2.	Professional Claims	257
	V.B.	Claims Form Completion	257
	V.B.1.	Completing the UB-04 Claim Format	
	V.B.2.	Completing the CMS-1500 Claim Format	
	V.C.	Claims Submission	
	V.C.1.		
	V.D.	Claim Billing Tips"	
	V.E.	Procedure Coding Errors	
	V.F.	Diagnosis Coding	
	V.G.	Consequences of Poor Documentation & Coding	
VI.	Encount	ter Field Descriptions	
	VI.A.	Primary Key Fields	
	VI.B.	Physical Field Requirements	272
	VI.C.	File Format	
	VI.D.	Encounters	273
	VI.E.	Data Description	274
	VI.F.	Data Submission	283
	VI.G.	Data Validation Rules	283
	VI.H.	Data Process Summary Report	
VII.	Request	ting Procedure Code Revisions	284
	VII.A.	CPT® Procedure Code Revisions	284
	VII.B.	HCPCS Procedure Code Revisions	
	VII.C.	Colorado HCPF Procedure Code Revisions	287
Apper	idix A: Colora	do Health Network's (CHN) Encounter Design Matrix	288
		of Practice Algorithm	292
		onal References	
		do Medicaid Behavioral Health Services Program Procedure Code List	
Apper	dix E: CDHS (OBH Approved Procedure Code List	302
		viations & Acronyms	
Apper	dix G: Time S	Standards	311
• •		ctive Complexity	
		anagement	
		pecialists Core Competencies	
		nent Services – Biopsychosocial Assessment and Intervention	
	otes 328		

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I. Introduction

The Colorado Department of Health Care Policy and Financing (HCPF) is the single state agency (SSA) responsible for the

administration of the Colorado Medical Assistance Program (MAP). HCPF has developed a comprehensive array of

covered mental health (MH) and substance abuse (SA) treatment services to assure that medically necessary, appropriate

and cost effective behavioral health (BH) care is provided to eligible Medicaid Members through the Colorado Medicaid

Community Behavioral Health Services Program.

The Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH), is responsible for the

administration of service contracts that provide for mental health and substance abuse treatment provided to the non-

Medicaid population.

In the most basic sense, coding is the numeric or alphanumeric depiction of written service or procedure descriptions.

Coding allows standardized, efficient data gathering for a variety of purposes, from providing detailed clinical

representations of patient populations, managing population health, predicting service demands, evaluating quality

outcomes and standards of care, supervising business functions, and ensuring service reimbursements.¹

I.A. Purpose

The purpose of this Uniform Service Coding Standards (USCS) Manual is to achieve uniform documenting and reporting of

covered Colorado Medicaid State Plan (required services), Behavioral Health Program 1915(b)(3) Waiver services

(alternative or (b)(3) services) and OBH services. Standardizing the documentation and reporting of behavioral health (BH)

encounters contributes to the accurate estimation of service costs, development of actuarially sound capitation rates, and

compliance with federal regulations for managed care utilization oversight.

HCPF and OBH have established this USCS Manual to provide common definitions of the program service categories

covered under the Colorado Community Behavioral Health Services Program. The USCS Manual also provides guidance in

documenting and reporting covered services in coding formats that are in compliance with the Health Insurance

Portability and Accountability Act of 1996 (HIPAA).

The clinical coding systems currently used in the United States are the:

International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM)²

Current Procedural Terminology (CPT®), Fourth Edition³

Healthcare Common Procedure Coding System (HCPCS) ⁴

These clinical coding systems are used by HCPF and OBH for the Colorado Community Behavioral Health Services Program

(refer to Section IV.A for a detailed description of the clinical coding systems).

The USCS manual is a living document that is updated each year to maintain consistency between the BHO contract, the OBH contract, the State Plan Amendments, the (b)(3) waiver, and coding guidelines. Unless otherwise noted, the State

(HCPF and OBH) has agreed that it will accept coding provided under <u>all</u> editions through June 30, 2015. Providers <u>must</u>

implement the 2015 edition by August 1, 2015.

I.B. Manual Format

The manual lists the procedure codes covered by HCPF and/or OBH in numeric and alphanumeric order. In Section II.F.1, the following service domains and their associated procedure codes are listed to promote clarity of understanding through the consistent use of common terms:

- Assessment Services
- Case Management Services
- Peer Support/Recovery Services
- Prevention/Early Intervention Services
- Residential Services

- Social Ambulatory Detoxification Services
- Room and Board
- Respite Care Services
- Treatment Services
- Vocational Services

Within the manual, specific procedure codes are defined and described in the following outline:

- CPT®/HCPCS Procedure Code
- Usage
- Service Description
- Notes
- Applicable Population(s)
- Allowed Mode(s) of Delivery
- Place of Service (POS)

- Procedure Code Description
- Minimum Documentation Requirements
- Example Activities
- Unit and Duration
- Program Service Category(ies)⁵
- Staff Requirements

This format also assists providers to conceptualize the behavioral health (BH) services rendered in terms of 10 key data elements that help to ensure that the appropriate procedure code is assigned to those rendered services:

- **Core Services** are the basic services rendered, such as assessment, treatment, case management, peer support/recovery, prevention/early intervention, residential, respite, and vocational services.
- Modality gives more detail about the core service rendered (e.g., individual therapy, group therapy, family therapy, medication administration, etc.).
- Program may be different for each community mental health center (CMHC) or provider (e.g., outpatient, residential, day treatment, etc.); this information provides further detail about the specific core service rendered and is useful in pricing those specific services.
- Location, or place of service (POS), is where the service is rendered (e.g., CMHC, client's home, community, etc.).
- Framework Data is basic data about the client and the service rendered, including:
 - Client's Medicaid Identification (ID)
 - Client's date of birth (DOB)
 - Start and end time/duration of the service
- Date of service
- Emergency status
- Staff/peer credentials

These key data elements are drawn from Colorado Health Network's (CHN) encounter design matrix, which is described in Appendix A, and provided herein as an optional reference and training tool.

II. Colorado Community Behavioral Health Services Program

The Colorado Department of Health Care Policy and Financing (HCPF) contracts with managed care organizations (MCOs), known as behavioral health organizations (BHOs), to administer, manage and operate the Colorado Community Behavioral Health Services Program by providing medically necessary covered behavioral health (BH) services.

II.A. Program Service Categories

The Colorado Community Behavioral Health Services Program covered service categories are defined according to the Colorado Medicaid State Plan (required services) and Behavioral Health Program 1915(b)(3) Waiver (alternative or (b)(3) services). All Colorado Community Behavioral Health Services Program covered procedure codes are categorized as either State Plan (SP), (b)(3), or both.

II.A.1. Medicaid State Plan Services

The Medicaid State Plan is the document by which the State of Colorado certifies that it will comply with all Federal requirements for Medicaid. Some of the requirements are identical for all states, and some permit the State to choose certain options. In order to be eligible to receive federal matching funds (Federal Financial Participation or FFP) to operate its Medicaid program, the State must agree to comply with all parts of the Medicaid State Plan on file with the Centers for Medicare and Medicaid Services (CMS). The following table describes the Colorado Medicaid State Plan program service categories.^{6,7}

	Medicaid State Plan Program Service Categories
Service Category	Description
Inpatient	A. Inpatient Hospital – Adult 21-64: A program of psychiatric care in which the Member remains twenty-four (24) hours a day in a facility licensed as a hospital by the State, excluding State Institutions for Mental Disease (IMDs).
	B. Inpatient Hospital – Under 21: A program of care for Members under age twenty-one (21) in which the Member remains twenty-four (24) hours a day in a psychiatric hospital, or other facility licensed as a hospital by the State. Members who are inpatient on their twenty-first birthday are entitled to receive inpatient benefits until discharged from the facility or until their twenty-second (22) birthday, whichever is earlier, as outlined in 42 CFR 441.151.
	C. Inpatient Hospital – 65 and Over: A program of care for Members age sixty-five (65) and over in which the Member remains twenty-four (24) hours a day in an institution for mental diseases or other facility licensed as a hospital by the State.
Outpatient	 A program of care in which the Member receives services in a hospital or other health care facility/office, but does not remain in the facility twenty-four (24) hours a day, including: A. Physician Services, including psychiatric care: Behavioral health services provided within the scope of practice of medicine as defined by State law. B. Rehabilitative Services: Any remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for maximum reduction of behavioral/emotional disability and restoration of a client to his/her best possible functional level, including: 1. Individual Behavioral Health Therapy: Therapeutic contact with one client of more than30 minutes, but no more than two (2) hours 2. Individual Brief Behavioral Health Therapy: Therapeutic contact with one client of up to and including 30 minutes. 3. Group Behavioral Health Therapy: Therapeutic contact with more than one client, of up to and including two (2) hours. 4. Family Behavioral Health Therapy: Face to face therapeutic contact with a client and family member(s), or other persons significant to the client, for improving client-family functioning. Family behavioral health therapy is appropriate when intervention in the family interactions is expected to improve the client's emotional/behavioral health. The primary purpose of family behavioral health therapy is treatment of the client. 5. Behavioral Health Assessment: Face to face clinical assessment of a client by a behavioral health professional that determines the nature of the client's problem(s), factors contributing to the problem(s), a client's strengths, abilities and resources to help solve the problem(s), and any existing diagnoses. 6. Pharmacologic Management: Monitoring of medications prescribed and consultation provided to clients by a physician or other medical practitioner authorized to prescribe medications as d
	and coordination of needed services with other agencies. When provided in an outpatient hospital program, may be called "partial hospitalization." 8. Emergency/Crisis Services: Services provided during a behavioral health emergency which involve unscheduled, immediate, or special interventions in response to crisis situation with a client, including associated laboratory services, as indicated.

Outpatient (continued)

- C. Pharmacy Services: Prescribed drugs when used in accordance with 10 CCR 2505-10 Section 8.800, Pharmaceuticals.
- D. **Targeted Case Management**: Case management services furnished to assist individuals, eligible under the State Plan, in gaining access to needed medical, social, educational and other services.
- E. **School-Based Behavioral Health Services:** Behavioral health services provided to school-aged children and adolescents on-site in their schools, with the cooperation of the schools.
- F. **Drug Screening and Monitoring**: Substance use disorder counseling services provided along with screening results to be discussed with client.
- G. **Detoxification Services:** Services relating to detoxification including all of the following: Physical assessment of detox progression including vital signs monitoring; level of motivation assessment for treatment evaluation; provision of daily living needs (includes hydration, nutrition, cleanliness and toiletry); safety assessment, including suicidal ideation and other behavioral health issues.
- H. **Medication-Assisted Treatment**: Administration of Methadone or another approved controlled substance to an opiate-dependent person for the purpose of decreasing or eliminating dependence on opiate substances.

II.A.2. Behavioral Health Program 1915(b)(3) Waiver Services

The Social Security Act authorizes multiple waiver and demonstration authorities to allow states flexibility in operating Medicaid programs. Each authority has a distinct purpose, and distinct requirements. Section 1915(b), Managed Care/Freedom of Choice Waivers, provides the Secretary of the US Department of Health and Human Services (HHS) with the authority to grant waivers that allow states to implement managed care delivery systems, or otherwise limit individuals' choice of provider under Medicaid. To execute these programs, the Secretary may waive certain Medicaid requirements (state-wideness, comparability of services, and freedom of choice of provider). Under Section 1915(b), there are four types of authorities that states may request:

- (b)(1) mandates Medicaid enrollment into managed care
- (b)(2) utilizes a "central broker"

- (b)(3) uses cost savings to provide additional services
- (b)(4) limits the number of providers for services⁸

1915(b)(3) waiver services must be for medical or health-related care, or other services as described in 42 Code of Federal Regulations (CFR) Part 440. These services are subject to approval by the Centers for Medicare and Medicaid Services (CMS). The following table describes the 1915(b)(3) Waiver Program service categories in Colorado, including a description of the eligible populations, provider type, geographic availability, and reimbursement method.^{ix,x}

1915(b)(3) Waiver Program Service Categories

Mandatory services to Members in at least the scope, amount and duration proposed in contract Exhibit G. Effective July 1, 2011, all 1915(b)(3) services provided to children/youth from age 0 to 21, except for respite and vocational rehabilitation, are included in the State Plan as Expanded EPSDT services. These services will not be listed individually in the State Plan, but may be provided to children/youth with a covered behavioral health diagnosis based on medical necessity.

	al health diagnosis based on medical necessity.
Service Category	Description
Vocational Services:	Services designed to help adult and adolescent clients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, educational services, vocational assessment, and job coaching.
Intensive Case Management:	Community-based services averaging more than one hour per week, provided to adults with serious behavioral health disorders who are at risk of a more intensive 24 hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, assistance with wraparound and supportive living services, monitoring and follow-up. Intensive case management may be provided to children/youth under the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program.
Prevention/Early Intervention Activities	Proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote positive behavioral health. Services include behavioral health screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.
Clubhouse and Drop-in Centers:	Peer support services for people who have behavioral health disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse participants may use their skills for clerical work, data input, meal preparation, providing resource information and outreach to clients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting and supporting recovery.
Residential Services:	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the client is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and family therapy; medication management; and behavioral interventions. Residential services may be provided to children/youth under EPSDT.
Assertive Community Treatment (ACT):	Comprehensive, locally-based, individualized treatment for adults with serious behavioral health disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing behavioral health assessment, psychiatric services, employment and housing assistance, family support and education, and substance use disorders services.
Recovery Services:	Community-based services that promote self-management of behavioral health symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.
Respite Services:	Temporary or short-term care of a child, youth or adult client provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the client normally resides with. Respite is designed to give the caregivers some time away from the client to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.

II.B. Covered Diagnoses

The Colorado Community Behavioral Health Services Program identifies covered diagnoses using the *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM).xi The ICD-9-CM is the official system of assigning codes to diagnoses and procedures used by all health care settings, including hospitals, physicians, nursing homes (NH), home health agencies and other providers. ICD-9-CM code selection follows the *Official ICD-9-CM Guidelines for Coding and Reporting*,xii developed cooperatively by the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), the Centers for Medicare and Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-9-CM, and while not exhaustive, assist the user in situations where the ICD-9-CM does not provide direction. The ICD-9-CM is updated annually, effective October 1st. The ICD-9-CM does not include diagnostic criteria or a multi-axial system, primarily because its principal function as an international system is to define categories that aid in the collection of basic health statistics.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), on the other hand, is the universal authority in the United States for diagnosing psychiatric disorders. Clinicians are encouraged to base their diagnostic decisions on the DSM-5 criteria, and to crosswalk those decisions to ICD-9-CM for insurance billing. DSM-5 and the ICD are compatible with one another, and the DSM-5 contains a crosswalk to both ICD-9 and ICD-10 codes. It is still permissible, however, for providers and others to use the diagnostic criteria in the DSM-IV. Dates when the DSM-IV may no longer be used by mental health providers will be determined by the maintainer of the DSM-IV/DSM-5 code set, the American Psychiatric Association. The implementation of ICD-10-CM has been set for October 1, 2015. Providers are expected to use ICD-10-CM by this date.

For Assessment Services (with the exception of Treatment Planning), Crisis/Emergency Services, and Prevention/Early Intervention Services, International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes that are not covered under the Colorado Medicaid Community Behavioral Health Services Program may be reported when those services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). The following ICD-9-CM diagnosis codes should be reported for Assessment Services, Crisis/Emergency and Prevention/Early Intervention services only:

Non-Covered Diagnosis Codes for Assessment, Crisis/Emergency and Prevention/Early Intervention Services Only

Code	Description
799.9	Undiagnosed disease, not specified as to site or system involved
V71.09	Observation for other suspected mental condition

^a Used when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist. xiii

The table below lists the covered diagnoses under the Colorado Community Behavioral Health Services Program.

The OBH also covers the diagnosis codes listed below. Additionally, in an effort to provide early intervention services to the "non-targeted" children's population (ages zero to eleven), OBH will allow for behavioral health codes not listed below. "Non-targeted" children are defined as those not meeting the Severe Emotional Disturbance definition as defined through the Colorado Client Assessment Record Manual. OBH is allowing for a broader range of diagnosis codes for "Non-targeted" children in an effort to provide services to children who are at risk of developing a severe diagnosis and/or who are difficult to diagnose as a result of their age.

Part I – Mental Health Covered Diagnoses

ICD-9-CM Code	Description
295 - 298.9	
295	Schizophrenic disorders
	(the following fifth-digit sub-classification is for use with category 295)
0	unspecified
1	subchronic
2	chronic
3	subchronic with acute exacerbation
4	chronic with acute exacerbation
5	in remission
295.0x	Simple type
295.1x	Disorganized type
295.2x	Catatonic type
295.3x	Paranoid type
295.4x	Acute schizophrenic episode
295.5x	Latent schizophrenia
295.6x	Residual type
295.7x	Schizoaffective disorder
295.8x	Other specified types of schizophrenia
295.9x	Unspecified schizophrenia
296	Episodic mood disorders
	(the following fifth-digit subclassification is for use with categories 296.0-296.6)
0	unspecified
1	mild
2	moderate
3	severe, without mention of psychotic behavior
4	severe, specified as with psychotic behavior
5	in partial or unspecified remission
6	in full remission
296.0x	Bipolar I disorder, single manic episode
296.1x	Manic disorder, recurrent episode

ICD-9-CM Code	Description
296.2x	Major depressive disorder, single episode
296.3x	Major depressive disorder, recurrent episode
296.4x	Bipolar I disorder, most recent episode (or current) manic
296.5x	Bipolar I disorder, most recent episode (or current) depressed
296.6x	Bipolar I disorder, most recent episode (or current) mixed
296.7x	Bipolar I disorder, most recent episode (or current) unspecified
296.8x	Other and unspecified bipolar disorders
296.80	Bipolar disorder, unspecified
296.81	Atypical manic disorder
296.82	Atypical depressive disorder
296.89	Other
296.9	Other and unspecified episodic mood disorder
296.90	Unspecified episodic mood disorder
296.99	Other specified episodic mood disorder
297	Delusional disorders
297.0	Paranoid state, simple
297.1	Delusional disorder
297.2	Paraphrenia
297.3	Shared psychotic disorder
297.8	Other specified paranoid states
297.9	Unspecified paranoid state
298	Other nonorganic psychoses
298.0	Depressive type psychosis
298.1	Excitative type psychosis
298.2	Reactive confusion
298.3	Acute paranoid reaction
298.4	Psychogenic paranoid psychosis
298.8	Other and unspecified reactive psychosis
298.9	Unspecified psychosis
300 - 301.99	
300	Anxiety, dissociative and somatoform disorders
300.0	Anxiety states
300.00	Anxiety state, unspecified
300.01	Panic disorder without agoraphobia
300.02	Generalized anxiety disorder
300.09	Other
300.1	Dissociative, conversion and factitious disorders

ICD-9-CM Code	Description
300.10	Hysteria, unspecified
300.11	Conversion disorder
300.12	Dissociative amnesia
300.13	Dissociative fugue
300.14	Dissociative identity disorder
300.15	Dissociative disorder or reaction, unspecified
300.16	Factitious illness with predominantly psychological signs and symptoms
300.19	Other and unspecified factitious illness
300.2	Phobic disorders
300.20	Phobia, unspecified
300.21	Agoraphobia with panic attacks
300.22	Agoraphobia without mention of panic attacks
300.23	Social phobia
300.29	Other isolated or specific phobias
300.3	Obsessive-compulsive disorders
300.4	Dysthymic disorder
300.5	Neurasthenia
300.6	Depersonalization disorder
300.7	Hypochondriasis
300.8	Somatoform disorders
300.81	Somatization disorder
300.82	Undifferentiated somatoform disorder
300.89	Other Somatoform disorder
300.9	Unspecified nonpsychotic mental disorder
301	Personality disorders
301.0	Paranoid personality disorder
301.1	Affective personality disorder
301.10	Affective personality disorder, unspecified
301.11	Chronic hypomanic personality disorder
301.12	Chronic depressive personality disorder
301.13	Cyclothymic disorder
301.2	Schizoid personality disorder
301.20	Schizoid personality disorder, unspecified
301.21	Introverted personality
301.22	Schizotypal personality disorder
301.3	Explosive personality disorder
301.4	Obsessive-compulsive personality disorder
301.5	Histrionic personality disorder

ICD-9-CM Code	Description
301.50	Histrionic personality disorder, unspecified
301.51	Chronic factitious illness with physical symptoms
301.59	Other histrionic personality disorder
301.6	Dependent personality disorder
301.7	Antisocial personality disorder
301.8	Other personality disorders
301.81	Narcissistic personality disorder
301.82	Avoidant personality disorder
301.83	Borderline personality disorder
301.84	Passive-aggressive personality
301.89	Other
301.9	Unspecified personality disorder
307.1 - 309.99	
307	Special symptoms or syndromes, not elsewhere classified
307.1	Anorexia nervosa
307.2	Tics
307.20	Tic disorder, unspecified
307.21	Transient tic disorder
307.22	Chronic motor or vocal tic disorder
307.23	Tourette's disorder
307.3	Stereotypic movement disorder
307.4	Specific disorders of sleep of nonorganic origin
307.40	Nonorganic sleep disorder, unspecified
307.41	Transient disorder of initiating or maintaining sleep
307.42	Persistent disorder of initiating or maintaining sleep
307.43	Transient disorder of initiating or maintaining wakefulness
307.44	Persistent disorder of initiating or maintaining wakefulness
307.45	Circadian rhythm sleep disorder of nonorganic origin
307.46	Sleep arousal disorder
307.47	Other dysfunctions of sleep stages or arousal from sleep
307.48	Repetitive intrusions of sleep
307.49	Other
307.5	Other and unspecified disorders of eating
307.50	Eating disorder, unspecified
307.51	Bulimia nervosa
307.52	Pica
307.53	Rumination disorder

ICD-9-CM Code	Description
307.54	Psychogenic vomiting
307.59	Other
307.6	Enuresis
307.7	Encopresis
307.8	Pain disorders related to psychological factors
307.80	Psychogenic pain, site unspecified
307.81	Tension headache
307.89	Other
307.9	Other and unspecified special symptoms or syndromes, not elsewhere classified
308	Acute reaction to stress
308.0	Predominant disturbance of emotions
308.1	Predominant disturbance of consciousness
308.2	Predominant psychomotor disturbance
308.3	Other acute reactions to stress
308.4	Mixed disorders as reactions to stress
308.9	Unspecified acute reaction to stress
309	Adjustment reaction
309.0	Adjustment disorder with depressed mood
309.1	Prolonged depressive reaction
309.2	With predominant disturbance of other emotions
309.21	Separation anxiety disorder
309.22	Emancipation disorder of adolescence and early adult life
309.23	Specific academic or work inhibition
309.24	Adjustment disorder with anxiety
309.28	Adjustment disorder with mixed anxiety and depressed mood
309.29	Other
309.3	Adjustment disorder with disturbance of conduct
309.4	Adjustment disorder with mixed disturbance of emotions and conduct
309.8	Other specified adjustment reactions
309.81	Post-traumatic stress disorder
309.82	Adjustment reaction with physical symptoms
309.83	Adjustment reaction with withdrawal
309.89	Other
309.9	Unspecified adjustment reaction
311 - 314.9	
311	Depressive disorder, not elsewhere classified
312	Disturbance of conduct, not elsewhere classified

ICD-9-CM Code	Description
	(the following fifth-digit sub-classification is for use with categories 312.0-312.2)
0	unspecified
1	mild
2	moderate
3	severe
312.0	Undersocialized conduct disorder, aggressive type
312.1	Undersocialized conduct disorder, unaggressive type
312.2	Socialized conduct disorder
312.3	Disorders of impulse control, not elsewhere classified
312.30	Impulse control disorder, unspecified
312.31	Pathological gambling
312.32	Kleptomania
312.33	Pyromania
312.34	Intermittent explosive disorder
312.35	Isolated explosive disorder
312.39	Other
312.4	Mixed disturbance of conduct and emotions
312.8	Other specified disturbance of conduct, not elsewhere classified
312.81	Conduct disorder, childhood onset type
312.82	Conduct disorder, adolescent onset type
312.89	Other conduct disorder
312.9	Unspecified disturbance of conduct
313	Disturbance of emotions specific to childhood and adolescence
313.0	Overanxious disorder
313.1	Misery and unhappiness disorder
313.2	Sensitivity, shyness, and social withdrawal disorder
313.21	Shyness disorder of childhood
313.22	Introverted disorder of childhood
313.23	Selective mutism
313.3	Relationship problems
313.8	Other or mixed emotional disturbances of childhood or adolescence
313.81	Oppositional defiant disorder
313.82	Identity disorder
313.83	Academic underachievement disorder
313.89	Other
313.9	Unspecified emotional disturbance of childhood or adolescence
314	Hyperkinetic syndrome of childhood
314.0	Attention deficit disorder

ICD-9-CM Code	Description
314.00	Without mention of hyperactivity
314.01	With hyperactivity
314.1	Hyperkinesis with developmental delay
314.2	Hyperkinetic conduct disorder
314.8	Other specified manifestations of hyperkinetic syndrome
314.9	Unspecified hyperkinetic syndrome

Part 2- Substance Use Disorder Covered Diagnoses

	ICD-9		DSM-IV	
Alcohol Use Disorders				
291 Alcohol-induced mental disorders			No equivalent DSM-IV code	
303	Alcohol dependence syndrome		No equivalent DSM-IV code	
303.9 [0-3]*	Other and unspecified alcohol dependence	303.90	Alcohol dependence	
305.0 [0-3]	Alcohol abuse	305.00	Alcohol abuse	
305	Nondependent abuse of drugs		No equivalent DSM-IV code	
	Alcohol-Induc	ed Disorder	s	
303.0 [0-3]	Acute alcohol intoxication	303.00	Alcohol intoxication	
291.81	Alcohol withdrawal	291.81	Alcohol withdrawal	
291.0	Alcohol withdrawal delirium	291.0	Alcohol withdrawal delirium	
291.0	Alcohol intoxication delirium	291.0	Alcohol intoxication delirium	
291.1	Alcohol induced persisting amnesic disorder	291.1	Alcohol induced persisting amnesic disorder	
291.5	Alcohol induced psychotic disorder with delusions	291.5	Alcohol induced psychotic disorder with delusions	
291.3	Alcohol induced psychotic disorder with hallucinations	291.3	Alcohol induced psychotic disorder with hallucinations	
291.89	Other alcohol induced mood disorder	291.89	Alcohol induced mood disorder	
291.89	Other alcohol induced anxiety disorder	291.89	Alcohol induced anxiety disorder	
291.89	Other alcohol induced sexual dysfunction	291.89	Alcohol induced sexual dysfunction	
291.82	Alcohol induced sleep disorders	291.82	Alcohol induced sleep disorders	
292.11	Drug induced psychotic disorder with delusions	292.11	Amphetamine induced psychotic disorder with delusions	
292.12	Drug induced psychotic disorder with hallucinations	292.12	Amphetamine induced psychotic disorder with hallucinations	
292.84	Drug induced mood disorder	292.84	Amphetamine induced mood disorder	
292.89	Drug induced anxiety disorder	292.89	Amphetamine induced anxiety disorder	
292.89	Drug induced sexual dysfunction	292.89	Amphetamine induced sexual dysfunction	
292.85	Drug induced sleep disorder	292.85	Amphetamine induced sleep disorder	

	ICD-9		DSM-IV
292.9	Unspecified drug induced mental	292.9	Amphetamine related disorders
disorder			not otherwise specified
	Cannabis Us	se Disorders	
304.3 [0-3]	Cannabis dependence	304.30	Cannabis dependence
305.2 [0-3]	Cannabis abuse	305.20	Cannabis abuse
	Cannabis Indu	iced Disorde	rs
292.89	Other specified drug induced mental disorders	292.89	Cannabis intoxication
292.81	Drug-intoxication delirium	292.81	Cannabis intoxication delirium
292.11	Drug induced psychotic	292.11	Cannabis induced psychotic
	disorder with delusions		disorder with delusions
292.12	Drug induced psychotic	292.12	Cannabis induced psychotic
	disorder with hallucinations		disorder with hallucinations
292.89	Drug induced anxiety disorder	292.89	Cannabis induced anxiety disorder
292.9	Unspecified drug induced	292.9	Cannabis related disorders not
	mental disorder		otherwise specified (NOS)
	Cocaine Us	e Disorders	
304.2 [0-3]	Cocaine dependence	304.20	Cocaine dependence
305.6 [0-3]	Cocaine abuse	305.60	Cocaine abuse
	Cocaine Indu	ced Disorder	rs
292.89	Other specified drug induced mental disorder	292.89	Cocaine intoxication
292.0	Drug withdrawal	292.0	Cocaine withdrawal
292.81	Drug intoxication delirium	292.81	Cocaine intoxication delirium
292.11	Drug induced psychotic disorder with delusions	292.11	Cocaine induced psychotic disorder with delusions
292.12	Drug induced psychotic disorder with hallucinations	292.12	Cocaine induced psychotic disorder with hallucinations
292.84	Drug induced mood disorder	292.84	Cocaine induced mood disorder
292.89	Drug induced anxiety disorder	292.89	Cocaine induced anxiety disorder
292.89	Drug induced sexual dysfunction	292.89	Cocaine induced sexual dysfunction
292.85	Drug induced sleep disorder	292.85	Cocaine induced sleep disorder
292.9	Unspecified drug induced	292.9	Cocaine related disorders not
	mental disorder		otherwise specified (NOS)
	Hallucinogen	Use Disorde	
304.5 [0-3]	Hallucinogen dependence	304.50	Hallucinogen dependence
305.3 [0-3]	Hallucinogen abuse	305.30	Hallucinogen abuse
	Hallucinogen Inc		
292.89	Other specified drug induced	292.89	Hallucinogen intoxication
	mental disorders		
292.89	Other specified drug induced	292.89	Hallucinogen persisting perception
	mental disorders		disorder (flashbacks)
292.81	Drug induced delirium	292.81	Hallucinogen intoxication
			delirium

	ICD-9		DSM-IV	
292.11 Drug induced psychotic		292.11	Hallucinogen induced	
	disorder with delusions		psychotic disorder with delusions	
292.12	Drug induced psychotic	292.12	Hallucinogen induced psychotic	
	disorder with hallucinations		disorder with hallucinations	
292.84	Drug induced mood disorder	292.84	Hallucinogen induced mood disorder	
292.89	Drug induced anxiety disorder	292.89	Hallucinogen induced anxiety disorder	
292.83	Unspecified drug induced mental	292.9	Hallucinogen related disorders not	
292.9	disorder	292.9	otherwise specified (NOS)	
		e Disorders	otherwise specified (NOS)	
304.6 [0-3]	Other specified drug	304.60	Inhalant dependence	
304.0 [0 3]	dependence	304.00	initialiti dependence	
305.9 [0-3]	Other, mixed, or unspecified	305.90	Inhalant abuse	
303.5 [0-3]	drug abuse	303.50	illiaidit abuse	
	Inhalant Indu	ced Disorde	re	
292.89	Other specified drug induced mental	292.89	Inhalant intoxication	
292.89	disorders	292.89	Innaiant intoxication	
292.81	Drug induced delirium	292.81	Inhalant intoxication delirium	
292.11	Drug induced psychotic	292.11	Inhalant induced psychotic	
	disorder with delusions		disorder with delusions	
292.12	Drug induced psychotic	292.12	Inhalant induced psychotic	
	disorder with hallucinations		disorder with hallucinations	
292.84	Drug induced mood disorder	292.84	Inhalant induced mood disorder	
292.89	Drug induced anxiety disorder	292.89	Inhalant induced anxiety disorder	
292.9	Unspecified drug induced mental	292.9	Inhalant related disorders not otherwise	
_	disorder		specified	
	Opioid Use	Disorders		
304.0 [0-3]	Opioid type dependence	304.00	Opioid dependence	
305.5 [0-3] Opioid abuse		305.50	Opioid abuse	
	Opioid Induc	ed Disorder	s	
292.89	Other specified drug induced mental	292.89	Opioid intoxication	
292.0	disorders Drug withdrawal	292.0	Opioid withdrawal	
292.81	Drug induced delirium	292.81	Opioid intoxication delirium	
292.11	Drug induced psychotic disorder with	292.11	Opioid induced psychotic disorder with	
232.11	delusions	232.11	delusions	
292.12	Drug induced psychotic disorder with	292.12	Opioid induced psychotic disorder with	
	hallucinations		hallucinations	
292.84	Drug induced mood disorder	292.84	Opioid induced mood disorder	
292.89	Drug induced sexual dysfunction		Opioid induced sexual dysfunction	
292.85	Drug induced sleep disorder	292.89 292.85	Opioid induced sleep disorder	
292.9	Unspecified drug induced mental	292.9	Opioid related disorders not otherwise	
	disorder		specified	
Phencyclidine Use Disorders				
304.6 [0-3]	Other specified drug dependence	304.60	Phencyclidine dependence	
305.9 [0-3]	Other, mixed, or unspecified drug use	305.90	Phencyclidine abuse	
[0 0]				

Effective: July 1, 2015

	ICD-9		DSM-IV	
Phencyclidine Induced Disorders				
292.89	Other specified drug induced mental disorders	292.89	Phencyclidine intoxication	
292.81	Drug intoxication delirium	292.81	Phencyclidine intoxication delirium	
292.11	Drug induced psychotic disorder with	292.11	Phencyclidine induced psychotic	
	delusions		disorder with delusions	
292.12	Drug induced psychotic disorder with	292.12	Phencyclidine induced psychotic	
	hallucinations		disorder with hallucinations	
292.84	Drug induced mood disorder	292.84	Phencyclidine induced mood disorder	
292.89	Drug induced anxiety disorder	292.89	Phencyclidine induced anxiety disorder	
292.9	Unspecified drug induced mental	292.9	Phencyclidine related disorders not	
	disorder		otherwise specified (NOS)	
	Sedative-,Hypnotic-,or A	Anxiolytic Us		
304.1 [0-3]	Sedative-,hypnotic-,or anxiolytic	304.10	Sedative-,hypnotic-,or anxiolytic	
	dependence		dependence	
305.4 [0-3]	Sedative-,hypnotic-,or anxiolytic abuse		Sedative-,hypnotic-,or anxiolytic abuse	
	Sedative-,Hypnotic-,or Ans	xiolytic-Indu	1	
292.89	Other specified drug induced	292.89	Sedative-,hypnotic-,or anxiolytic	
	mental disorders		intoxication	
292.0	Drug withdrawal	292.0	Sedative-,hypnotic-,or anxiolytic	
202.04	Dura indused deliations	202.04	withdrawal	
292.81	Drug induced delirium	292.81	Sedative-, hypnotic-, or anxiolytic	
292.83	Drug induced persisting	292.83	intoxication delirium Sedative-,hypnotic-,or anxiolytic	
232.03	amnestic disorder	232.03	induced persisting amnestic disorder	
292.11	Drug induced psychotic	292.11	Sedative-,hypnotic-,or anxiolytic	
	disorder with delusions		induced psychotic disorder with	
292.12	Drug induced psychotic	292.12	Sedative-,hypnotic-,or anxiolytic	
	disorder with hallucinations		induced psychotic disorder with	
292.84	Drug induced mood disorder	292.84	Sedative-,hypnotic-,or anxiolytic	
			induced mood disorder	
292.89	Drug induced anxiety disorder	292.89	Sedative-,hypnotic-,or anxiolytic	
			induced anxiety disorder	
292.89	Drug induced sexual	292.89	Sedative-,hypnotic-,or anxiolytic	
202.05	dysfunction	202.05	induced sexual dysfunction	
292.85	Drug induced sleep disorder	292.85	Sedative-, hypnotic-, or anxiolytic	
292.9	Unspecified drug induced mental	292.9	induced sleep disorder Sedative-,hypnotic-,or anxiolytic-	
232.3	disorder	232.3	related disorder not otherwise specified	
304.7 [0-3]	Combinations of opioid type drug with	*	Polysubstance dependence	
[0 0]	any other			
304.8 [0-3]	Combinations of drug dependence	304.80	Polysubstance dependence	
	excluding opioid type drug		·	
Tobacco Use Disorder				
305.1	Tobacco use disorder	305.1	Nicotine Dependence	

[0 unspecified; 1 continuous; 2 episodic; 3 in remission]

⁻No Equivalent DSM IV Code *Fifth digit sub-classification Subcategories:

II.C. Provider Types

Within community behavioral health (BH), a variety of licensed and non-licensed staff renders behavioral health (BH) services to clients and families. This section defines the various types of providers and their scope(s) of practice. A Mental Health Professional (MHP) is defined by the State of Colorado as:

- "A person licensed to practice medicine or psychology in the State of Colorado, or any person on the staff of a facility designated by the Executive Director of the Colorado Department of Human Services (DHS) for 72-hour treatment and evaluation who is authorized by the facility to do mental health hospital placement pre-screenings under the supervision of a person licensed to practice medicine or psychology in the State of Colorado." 14
- Specific to services rendered to clients in psychiatric residential treatment facilities (PRTFs) or therapeutic residential child care facilities (RCCFs), a Licensed Mental Health Professional (LMHP) is a Psychologist, Psychiatrist, Clinical Social Worker (CSW), Marriage and Family Therapist, or Professional counselor who is licensed to practice in the State of Colorado, or a Social Worker (SW) licensed by the State of Colorado who is supervised by a Licensed Clinical Social Worker (LCSW).¹⁵

Scope of practice "means the extent of the authorization to provide health services granted to a health practitioner by a license issued to the practitioner in the State in which the principal part of the practitioner's services are rendered, including any conditions imposed by the licensing authority."¹⁶ When considering service provision, documentation, reporting and billing, note that under the Colorado Mental Health Practice Act, "no licensee, [psychological candidate] registrant, certificate holder, or unlicensed psychotherapist is authorized to practice outside of or beyond his/her area of training, experience or competence."¹⁷ According to the American Medical Association (AMA) Current Procedural Terminology (CPT®), "the qualifications of the non-physician healthcare practitioner must be consistent with guidelines or standards established or recognized by a physician society, a non-physician healthcare professional society/association, or other appropriate source." Refer to Appendix B for a scope of practice algorithm.

In instances where codes are open to both Medicaid and the Office of Behavioral Health, staff requirements listed on the code page directly relate to credentials required to bill Medicaid. The Office of Behavioral Health (OBH) may have different credentialing requirements for staff to provide services under their authority.

II.C.1. Licensed Marriage & Family Therapist (LMFT)

A Licensed Marriage and Family Therapist (LMFT) is a person who possesses a Master's degree or higher from a graduate program with course study accredited by the Commission on Accreditation for Marriage and Family Therapy Education (CAMFTE), who is licensed by the Colorado Board of Marriage and Family Therapist Examiners.¹⁹

Scope of Practice: The LMFT's scope of practice involves "the rendering of professional marriage and family therapy services to individuals, couples and families, singly or in groups," utilizing "established principles that recognize the interrelated nature of individual problems and dysfunctions to assess, understand, diagnose and treat emotional and mental problems, alcohol and substance abuse, and domestic violence, and modify intrapersonal and interpersonal dysfunctions." Professional marriage and family therapy practice includes, but is not limited to:

- Assessment and testing
- Diagnosis
- Treatment planning and evaluation
- Therapeutic individual, marital, family, group or organizational interventions
- Psychotherapy
- Client education
- Consultation
- Supervision²⁰

II.C.2. Licensed Professional Counselor (LPC)

Licensed Professional Counselor (LPC) is a person who possesses a Master's degree or higher in professional counseling from an accredited college or university, who is licensed by the Colorado Board of Licensed Professional Counselor Examiners to practice professional counseling or mental health counseling.²¹

Scope of Practice: With regard to professional counseling, the LPC's scope of practice includes:

- "Activities that assist the client in developing an understanding of personal, emotional, social, educational, alcohol and substance abuse, domestic violence and vocational issues, and in planning and effecting actions to increase functioning or gain control of his/her behavior in such areas, including, but not limited to:
 - o Skill-building in communications, decision-making, and problem-solving
 - Clarifying values
 - Promoting adaptation to loss and other life changes
 - Developing social skills
 - Restructuring cognitive patterns
 - Defining educational and career goals
 - Facilitating adjustment to personal crises and conflict"
- "The selecting, administering, scoring and interpreting of instruments designed to measure aptitudes, attitudes, abilities, achievements, interests, emotions and other personal characteristics, including the application of non-standardized methods, such as interviews, to evaluate a client's personal and social functioning."
- "A voluntary relationship between the counselor and the client in which the counselor assists the client, group or
 organization to cope with relationships, conflicts, problem-solving, decision-making and competencies by interpreting,
 reporting on, or applying counseling theory."
- "Rendering, or offering to render, counseling services that facilitate effective personal, emotional, social, education and vocational development in individuals, couples, groups and organizations, with an emphasis on the natural aspects of human development and with an educational orientation."
- "Following a planned procedure of interventions that take place on a regular basis, over time, or in the cases of testing, assessment, and brief professional counseling, as a single intervention."²²

With regard to clinical mental health counseling the LPC's scope of practice includes:

- "Assessment, counseling activities, consultation, and referral."
- "Treatment, diagnosis, testing, assessment, psychotherapy, or counseling in a professional relationship to assist
 individuals or groups to alleviate mental and emotional disorders, understand unconscious or conscious motivation,
 resolve emotional, relationship, or attitudinal conflicts, or modify behaviors that interfere with effective emotional,
 social, or intellectual functioning."

II.C.3. Licensed Psychologist

A Licensed Psychologist is a person with a Doctoral degree (EdD, PhD, PsyD) in clinical or counseling psychology from an accredited program offering psychology courses approved by the American Psychological Association (APA), who is licensed by the Colorado Board of Psychologist Examiners.²⁴

Scope of Practice: The Licensed Psychologist's scope of practice entails "the observation, description, evaluation, interpretation, treatment or modification of behavior, cognitions or emotions by the application of psychological, behavioral and physical principles, methods or procedures, for the purpose of preventing or eliminating symptomatic, maladaptive or undesired behavior, cognitions or emotions, and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health and mental health. Psychologists use any and all psychological principles, methods and devices to consider the full range of possible causes of patients' illnesses, and then select and apply the appropriate treatment methods." Psychological services may be rendered to individuals, families, groups, organizations, institutions, the public, and/or the courts. The practice of psychology includes, but is not limited to:

- "Psychological testing and evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests and aptitudes"
- "Neuropsychological tests, assessments, diagnoses and treatment of neuropsychological and brain disorders"
- "Psychotherapy, including psychoanalytic, existential, cognitive and behavioral therapies, hypnosis and biofeedback"
- "Clinical and counseling psychology, including the diagnosis and treatment of mental, neurological, psychophysiological and emotional disorder(s) or disability(ies), alcoholism and substance abuse, behavioral abuse (including dangerousness to self or others) and disorders of habit or conduct"
- "Rehabilitation psychology, dealing with the psychological aspects of physical illness, accident, injury or disability and rehabilitation"
- "Health psychology, dealing with the role of psychological factors in health and illness"
- "Forensic psychology, dealing with the relation and application of psychological research and knowledge to legal issues, including but not limited to, assessments of competency in civil or criminal matters, legal questions of sanity, or civil commitment proceedings"
- "Organizational psychology, including assessment and intervention by an employee within his/her organization or by a consultant retained by the organization"
- "Community psychology, emphasizing prevention and early discovery of potential difficulties, rather than awaiting initiation of therapy by affected individual or groups, which is generally practiced outside of an office setting"
- "Psychological evaluation, therapy, remediation, and consultation"
- "Research psychology, applying research methodologies, statistics and experimental design to psychological data"

II.C.4. Professional Nurses

II.C.4.A. Advanced Practice Registered Nurse (APRN)

An Advanced Practice Registered Nurse (APRN) is a Professional Nurse licensed by the Colorado Board of Nursing, "who obtains specialized education and/or training," and who been recognized and included on the Advanced Practice Registry (APR) by the Colorado Board of Nursing. APRN roles recognized by the Colorado Board of Nursing include:

- Nurse Practitioner (NP)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse Midwife (CNM)
- Clinical Nurse Specialist (CNS)^{26, 27}

Scope of Practice: The APRN's scope of practice "is founded on the specialized education or training acquired by the

Professional Nurse in preparation for advanced practice." "It is within the independent scope of advanced practice

nursing to order diagnostic testing, treatment and other nursing services."28, 29

II.C.4.B. Advanced Practice Nurse with Prescriptive Authority (RxN)

An Advanced Practice Nurse with Prescriptive Authority (RxN) is a Professional Nurse licensed by the Colorado Board of

Nursing, who has been granted recognition on the Advanced Practice Registry (APR) in at least one (1) role and specialty,

and who has been granted Prescriptive Authority by the Colorado Board of Nursing.³⁰

Scope of Practice: The RxN's scope of practice is determined by the Colorado Board of Nursing, and "is limited to

prescribing only those prescription medications and controlled substances that are appropriate for treating patients

within the RxN's area of practice." The RxN works under "a written collaborative agreement with a Physician licensed by

the State whose medical education, training, experience and active practice correspond with that of the RxN." The RxN

may accept, possess, administer and dispense medication, including samples, "for routine health maintenance, routine

preventive care, an acute self-limiting condition, the care of a chronic condition that has stabilized, or terminal comfort

care," within the limits of his/her prescriptive authority. 31, 32

II.C.4.C. Licensed Practical Nurse (LPN)/Licensed Vocational Nurse (LVN)

A Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN) is a person who has graduated from an approved

program of practical nursing, and holds a license as a Practical Nurse from the Colorado Board of Nursing.³³

Scope of Practice: The LPN/LVN's scope of practice is the performance, under the supervision of a Physician or

Professional Nurse licensed by the State, "of those services requiring the education, training and experience, as evidenced

by the knowledge, abilities and skills" required for licensure, "in caring for the ill, injured or infirm, in teaching and

promoting preventive health measures, in acting to safeguard life and health, or in administering treatments and

medications" prescribed by a legally authorized Physician or Physician Assistant (PA) implementing a medical plan of

care.34

II.C.4.D. Registered Nurse/Registered Professional Nurse (RN)

A Registered Nurse (RN) or Registered Professional Nurse (RPN) is a person who has graduated from an approved

program of professional nursing, and is licensed as a Professional Nurse by the Colorado Board of Nursing. 35,36

Scope of Practice: The RN's scope of practice entails "the performance of both independent nursing functions and

delegated medical functions in accordance with accepted practice standards."37

Functions include:

"Initiation and performance of nursing care through health promotion"

"Supportive or restorative care"

"Disease prevention"

 "Diagnosis and treatment of disease, ailment, pain, injury, deformity and physical or mental condition using specialized knowledge, judgment and skill involving the application of biological, physical, social and behavioral science principles"³⁸

Services include:

- "Evaluating health status through collection and assessment of health data"
- "Health teaching and health counseling"
- o "Providing therapy and treatment that is supportive and restorative to life and well-being, either directly to the client or indirectly through consultation with, delegation to, supervision of, or teaching of others"
- "Executing delegated medical functions"
- "Referring to medical or community agencies those clients who need further evaluation and/or treatment"
- "Reviewing and monitoring therapy and treatment plans"³⁹

II.C.5. Peer Specialist (PS)

A peer specialist may also be referred to as a peer support specialist, recovery coach, peer and family recovery support specialist, peer mentor, family advocate or family systems navigator. A peer specialist "is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency." A family advocate is a person whose "lived experience" is defined as having a family member who has mental illness or substance use disorder and the knowledge of the behavioral health care system gained through navigation and support of their family member. Peer Specialists perform a wide variety of non-clinical tasks to assist clients "in regaining control over their own lives and recovery process." The following is a useful overview of the four major types of recovery support services: (1) peer mentoring or coaching, (2) recovery resource connecting, (3) facilitating and leading recovery groups, and (4) building community. Peer specialists assist clients in navigating treatment systems for mental health and substance use disorders. Peer Specialists "promote self-determination, personal responsibility and the empowerment inherent in self-directed recovery."

Colorado does not require a peer specialist to be certified or licensed by the Colorado Department of Regulatory Agencies but to have formal training in specific content areas as outlined in "Combined Core Competencies for Colorado's Peer Specialists / Recovery Coaches and Family Advocates / Family Systems Navigators - Updated and Approved by Behavioral Health Transformation Council 01-25-2013) (Attachment - Appendix J.)

II.C.6. Physician Assistant (PA)

A Physician Assistant (PA) is a person who has successfully completed an education program for PAs and the national certifying examination for PAs, and is licensed by the Colorado Board of Medical Examiners.⁴⁰

Scope of Practice: The PA renders delegated medical functions under the direction and supervision of a Physician licensed and practicing in the State of Colorado. 41

II.C.7. Psychiatrist

A Psychiatrist is a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) who is licensed by the Colorado Board of Medical Examiners and renders services within the scope of practice of medicine as defined by State law.⁴²

Scope of Practice: The Psychiatrist's scope of practice includes "diagnosing, treating, prescribing for, palliating or preventing any disease, ailment, pain, injury, deformity, or physical or mental condition, by the use of medications, surgery, manipulation, electricity, telemedicine, interpretation of tests, images or photographs, or any physical, mechanical or other means."⁴³

II.C.8. Qualified Medication Administration Person (QMAP)

A Qualified Medication Administration Person (QMAP) is a person who has successfully completed a State-approved medication administration training course. A QMAP is employed by a licensed facility on a contractual, full- or part-time basis to provide direct care services, including medication administration to residents upon written order of a licensed physician or other licensed authorized practitioner. A QMAP may also be a person employed by a home health agency who functions as permanent direct care staff to licensed facilities, who is trained in medication administration, and who administers medication only to the residents of the licensed facility.⁴⁴

Scope of Practice: Successful completion of a State-approved medication administration course qualifies a QMAP to administer medications in settings authorized by law. Such settings include:

- Correctional facilities under the supervision of the Executive Director of the Department of Corrections (DOC), including but not limited to:
 - Minimum security facilities
 - Jails
 - Community correctional facilities and programs
 - Regimented inmate discipline and treatment program
 - Denver Regional Diagnostic Center (DRDC)
- Institutions for juveniles
- Assisted living residences
- Adult foster care facilities
- Alternative care facilities
- Residential childcare facilities
- Secure residential treatment centers
- Residential facilities providing treatment for persons with mental illnesses, except for facilities that are publicly or privately licensed hospitals
- Services for persons with developmental disabilities (DD) funded and regulated by the Department of Human Services (DHS)
- State certified adult day programs⁴⁵

Successful completion of a State-approved medication course does not lead to certification or licensure," nor does it "allow the person to make any type of judgment, assessment or evaluation of a client." QMAPs may not "administer medication by injection or tube," or "draw insulin or other medication into syringes." ⁴⁶ A QMAP may administer medications by the following routes of administration:

- Oral
- Sublingual
- Topical

- Eye
- Ear
- Rectal

- Vaginal
- Inhalant
- Transdermal⁴⁷

II.C.9. Social Worker (SW)

A Social Worker (SW) is a person with a Bachelor's, Master's or Doctoral degree in social work from a Council on Social Work Education accredited program, who is practicing within the scope of the Colorado Mental Health Practice Act. 48

Scope of Practice: The SW's scope of practice entails "the professional application of social work theory and methods" "for the purpose of prevention, assessment, diagnosis and intervention with individual, family, group, organizational and societal problems, including alcohol and substance abuse and domestic violence, based on the promotion of bio-psychosocial developmental processes, person-in-environment transactions and empowerment of the consumer system." 49

II.C.9.A. Licensed Clinical Social Worker/Licensed Social Worker (LCSW/LSW)

A Licensed Clinical Social Worker (LCSW) or Licensed Social Worker (LSW) is a person with a Master's or Doctoral degree from an accredited program offering full-time course work approved by the CSWE, who is licensed by the Colorado Board of Social Work Examiners.⁵⁰ Clinical social work practice includes "the practice of social work in addition to the explicit practice of psychotherapy as an LSW."⁵¹ The practice of psychotherapy is "limited to LCSWs or LSWs supervised by LCSWs."⁵²

Scope of Practice: Professional social work practice takes place in public or private agencies or institutional, educational or independent settings and may include, but is not limited to:

- Assessment
- Differential diagnosis
- Treatment planning and evaluation
- Measurement of psychosocial functioning
- Crisis intervention, outreach, short- and long-term treatment
- Therapeutic individual, marital and family interventions
- Client education
- Case management
- Mediation
- Advocacy

- Discharge, referral and continuity of care planning and implementation
- Consultation
- Supervision
- Research
- Management and administration
- Program evaluation and education
- Social group work
- Community organization and development
- Psychotherapy⁵³
- Consultation, supervision and teaching in higher education⁵⁴

II.C.10. Unlicensed Psychotherapist

An Unlicensed Psychotherapist is "any person whose primary practice is psychotherapy," "who is not licensed" by the Colorado Board of Psychologist Examiners, the Colorado Board of Social Work Examiners, the Colorado Board of Licensed Professional Counselor Examiners, or the Colorado Board of Marriage and Family Therapist Examiners "to

practice psychotherapy."55 Unlicensed Psychotherapists are not "authorized to practice outside of or beyond his/her

area of training, experience or competence."56 However, Unlicensed Psychotherapists who are employees of

community mental health centers (CMHCs) are not required to be registered in the State Grievance Board database.⁵⁷

II.C.11. Intern

An intern must be from the clinical program of study that meets minimum credentials for service provided or code

billed. Clinical programs of study are Masters, Doctoral, or Prescriber programs. Prescriber programs for APRNs

include preceptorships and mentorships. Bachelors-level programs are not clinical programs of study, and students in

a bachelors-level program will not be classified as interns under this definition. The intern will perform duties under

the direct supervision of appropriate staff, such as a licensed MD.

II.C.12. Certified Addiction Counselor (CAC)

A Certified Addiction Counselor (CAC) is a person who has a certificate to practice addiction counseling pursuant to

the Colorado Mental Health Practice Act. CAC's are certified in Colorado at three levels in ascending order of

responsibility and requirements:

II.C.12.A. Certified Assistant Addiction Counselor (CAC I)

A CAC I is an entry-level counselor who may co-facilitate individual or group counseling sessions with a CAC II, CAC III,

or LAC; make treatment chart notations co-signed by a CAC II, CAC III, or LAC; and document vital signs in licensed

treatment programs. CAC I staff can only account for a maximum of one quarter or 25% of the counseling staff for all

licensed programs.

II.C.12.B. Certified Addiction Counselor (CAC II)

A CAC II is a primary counselor who may independently conduct individual and group counseling sessions and engage

in the complete range of therapeutic duties, with the exception of clinical supervision.

II.C.12.C. Certified Senior Addiction Counselor (CAC III)

A CAC III is a senior counselor who may perform any of the lower-level functions, as well as provide clinical

supervision after successful completion of the required clinical supervision training.

II.C.13. Licensed Addiction Counselor (LAC)

A Licensed Addiction Counselor (LAC) is a senior counselor who holds a Master's degree in the healing arts and is

licensed in addiction counseling by the National Association of Alcohol and Drug Abuse Counselors (NAADAC) or the

National Board for Certified Counselors (NBCC). An LAC is able to operate independently, as well as provide clinical

supervision after successful completion of the required clinical supervision training. In addition, an LAC may supervise

other licensed and unlicensed behavioral health professionals. The LAC offers a fourth level of credentialing for addiction professionals comparable to that of other mental health professionals.

II.C.14. Certified Prevention Specialist

A Certified Prevention Specialist is credentialed by the Colorado Prevention Certification Board, working under strict guidelines set by the International Certification & Reciprocity Consortium (IC&RC). Certified Prevention Specialist must receive the certification and this program is deal for therapists, social workers, counselors, HR staff, educators, youth service providers, law enforcement, military officers, community advocates, faith based leaders, and prevention specialists for nonprofit organizations.

II.C.15. Treatment Facility

Treatment facilities are licensed by the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) based on Substance Use Disorder Treatment Rules (2013). These treatment rules govern the provision of treatment to persons with substance-related disorders.

II.D. Place of Service (POS)

Place of service (POS) codes are two-digit codes used on health care professional claims to specify where a service was rendered. The Centers for Medicare & Medicaid Services (CMS) maintain the POS codes used throughout the health care industry. This code set is required for use in the implementation guide adopted as the national standard for electronic transmission of professional health care claims under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). ⁵⁸ POS information is often needed to determine the acceptability of direct billing of Medicare, Medicaid and private insurance services rendered by a given provider. The POS codes most commonly used in behavioral health are listed in the table below, while a complete list of POS codes can be found in Appendix C.⁵⁹

	Place of Service (POS) Codes			
POS Code	POS Name	POS Description		
01	Pharmacy	A facility or location where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.		
02	Unassigned	Not Applicable (N/A)		
03	School	A facility whose primary purpose is education.		
04	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).		
05	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service (IHS), which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.		
06	Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the IHS, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.		
07	Tribal 638 Free- Standing Facility	A facility or location, owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members who do not require hospitalization.		
08	Tribal 638 Provider- Based Facility	A facility or location, owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.		
09	Prison/Correctional A prison, jail, reformatory, work farm, detention center, or any other similar facility maint			
10	Unassigned	N/A		
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, and treatment of illness or injury on an ambulatory basis.		
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.		
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24-hours a day, 7 days a week, with the capacity to deliver or arrange for services, including some health care and other services.		
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services, such as social and/or behavioral services, custodial service, and minimal services (e.g., medication administration).		

	Place of Service (POS) Codes (continued)			
POS Code	POS Name	POS Description		
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services.		
17-19	Unassigned	N/A		
20	Urgent Care Facility	A location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.		
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services by, or under the supervision of physicians to patients admitted for a variety of medical conditions.		
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.		
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.		
24	Ambulatory Surgical Center	A free-standing facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.		
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate post-partum care, as well as immediate care of newborn infants.		
26	Military Treatment Facility (MTF)	A medical facility operated by one or more of the Uniformed Services. MTF also refers to certain former US Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).		
27-30	Unassigned	N/A		
31	Skilled Nursing Facility (SNF)	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services, but does not provide the level of care or treatment available in a hospital.		
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled or sick persons, or on a regular basis health-related care services above the level of custodial care to other than individuals with mental retardation (MR).		
33	Custodial Care Facility	A facility which provides room, board and other personal assistance services, generally on a long-term basis, and which does not include a medical component.		
34	Hospice ⁶⁰	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.		
35-40	Unassigned	N/A		
41	Ambulance – Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.		
42	Ambulance – Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.		
43-48	Unassigned	N/A		
49	Independent Clinic	A location, not part of a hospital and not described by any other POS code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.		
50	Federally Qualified Health Center (FQHC)	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.		
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.		
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full-time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.		

	Place of Service (POS) Codes (continued)			
POS Code	POS Code	POS Code		
53	Community Mental Health Center (CMHC) ⁶¹	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility; 24-hours a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.		
54	Intermediate Care Facility – Mentally Retarded (ICF-MR) ⁶²	A facility which primarily provides health-related care and services above the level of custodial care to individuals with MR, but does not provide the level of care or treatment available in a hospital or SNF.		
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, psychological testing, and room and board.		
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.		
57	Non-Residential Substance Abuse Treatment Center	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, medications and supplies, and psychological testing.		
58-59	Unassigned	N/A		
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as a public health center, pharmacy or mall, but may include a physician office setting.		
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetics services.		
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.		
63-64	Unassigned	N/A		
65	End-Stage Renal Disease Treatment Facility	A facility, other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.		
66-70	Unassigned	N/A		
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.		
72	Rural Health Clinic	A certified facility which is located in a rural medically under-served area that provides ambulatory primary medical care under the general direction of a physician.		
73-80	Unassigned	N/A		
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.		
82-98	Unassigned	N/A		
99	Other Place of Service	Other place of service (POS) not identified above.		

II.E. Procedure Code Modifiers

Procedure code modifiers, when used correctly, allow providers to more accurately document and report the services rendered. The two-digit modifiers are appended to the Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) procedure codes to indicate that a rendered service or procedure has been altered in its delivery by some specific circumstance, but has not changed in its definition or procedure code. 63 Modifiers are used when the information provided by a CPT® or HCPCS procedure code descriptor needs to be supplemented to identify specific circumstances, or to provide additional information, that may apply to a service or item, including but not limited to:

- Service/procedure was increased/ reduced
- Mandated service/procedure

- Credentials/training of the provider
- Unusual event(s) occurred

Modifiers may be classified as payment modifiers (e.g., increased procedural services, mandated services, reduced services, repeat procedure or service, etc,), which may affect reimbursement, and informational modifiers (e.g., Clinical Psychologist, Master's degree level, Intern, etc.), which do not affect reimbursement. Up to four (4) modifiers may be used for each procedure code; however, in the behavioral health organization (BHO) encounter data reporting to the Department of Health Care Policy and Financing (HCPF), the first modifier is reserved for the Colorado Community Mental Health Services Program category identifier (Refer to Section VI). CPT® and HCPCS modifiers may be appended to either CPT® or HCPCS procedure codes. As a rule, when there are payment modifiers and information modifiers, the payment modifiers are sequenced first, in order of importance. All payment modifiers are listed before any and all information modifiers. Ixiv

BHOs and providers are encouraged, but not required, to use procedure code modifiers, with the following exceptions:

- When a service is rendered for *more time* than is normally provided as described by the procedure code, use modifier 22 (Increased Procedural Services), as described in Section II.E.1.
- When a service is rendered for *less time* than normally provided as described by the procedure code, use modifier 52 (Reduced Services), as described in Section II.E.1.
- To identify the level of care (LOC) for residential procedure codes, use modifier TF (Intermediate Level of Care) or TG (Complex/High-Tech LOC), as described in Sections II.E.2.
- To identify telemedicine (telehealth) services, use modifier GT (via Interactive Audio & Video Telecommunication Systems), as described in Section II.E.2.

When certain services such as 90853 are rendered more than once per day and billed on separate lines, use modifier 76 (Repeat procedure or service by same physician or other qualified health care professional on the same date), or modifier 77 (Repeat procedure or service by another physician or other qualified health care professional on the same date) to indicate this is a repeat procedure and not a duplicate as described in Section II.E.1.

II.E.1. CPT® Modifiers

CPT® modifiers are two-digit numeric codes listed after a procedure code and separated from the procedure code by a hyphen (e.g., 90832-22). For example, a 52 (Reduced Services) modifier is used when a service is rendered for less time than normally provided as described by the procedure code; a 22 (Increased Procedural Services) modifier is used to indicate the service is rendered for more than is normally provided by the procedure code. Thus, psychotherapy, 30 minutes (90832) rendered for 20 minutes is documented and reported as 90832-52; or if rendered for 35 minutes, it is documented and reported as 90832-22. Not all of the 31 total CPT® modifiers are applicable to behavioral health (BH) services, so only the modifiers that are potentially useful to providers are included in the table below. The appropriate CPT® modifier(s) for each procedure code are identified, as applicable, in Section II.F.

	Common Behavioral Health CPT® Modifiers			
Modifier	Description	Definition ^{lxvii}		
Increased 22 Procedural Services ^{lxviii}	Increased	Used when the work necessary to render a service or procedure is substantially greater than typically required. Documentation must support the substantial additional work and the reason for the additional work (i.e., increased intensity, time, technical difficulty of procedure, severity of client's condition, and/or physical and mental effort required).		
		NOTE: This modifier is <i>not</i> applicable to evaluation and management (E/M) procedure codes. This modifier should <i>not</i> be used for procedure codes with descriptions containing the word "simple;" these procedures are, by definition, uncomplicated. This modifier should <i>not</i> be reported routinely, but only when the service rendered is <i>significantly more extensive</i> than defined by the procedure code. KIX		
52	Reduced Services	Used, in certain circumstances, to signify that a <i>component</i> of a service or procedure has been <i>partially reduced or eliminated</i> , at the provider's discretion. This modifier provides a means for documenting and reporting reduced services or procedures <i>without disturbing the identification of the basic procedure code</i> . Documentation must support the service, and the reduction or elimination of any component, with a brief explanation or clarifying statement.		
76	Repeat Services	Repeat procedure or service by same physician or other qualified health care professional on the same date. The modifier should be placed in modifier places 2-4.		
77	Repeat Services	Repeat procedure or service by another physician or other qualified health care professional on the same date. The modifier should be placed in modifier places 2-4.		

II.E.2. HCPCS Level II Modifiers

HCPCS Level II modifiers are two-digit alpha or alphanumeric codes listed after a procedure code and separated from the procedure code by a hyphen (e.g., 90832-AH). For example, a TF (Intermediate Level of Care) modifier is used when a service requires an intermediate level of care (LOC), which is not adequately described by the procedure code; a TG (Complex/High-Tech LOC) modifier is used to indicate the service requires a complex LOC, which is not adequately described by the procedure code. Thus, behavioral health, short-term residential (non-hospital residential treatment

program), without room and board, per diem (H0018) rendered at an intermediate LOC is documented and reported as H0018-TF. However, the same service or procedure rendered at a complex LOC – for example, a short-term residential facility identified as a hospital alternative or step-down facility, which is not licensed as an acute treatment unit (ATU), but has 24-hour MHP staffing – is documented and reported as H0018-TG. Not all of the 394 total HCPCS Level II modifiers are applicable to behavioral health (BH) services, so only the modifiers that are potentially useful to providers are included in the table below. The appropriate HCPCS modifier(s) for each procedure code are identified, as applicable, in Section II.F.

	Common Behavioral Health HCPCS Level II Modifiers				
Modifier	Description	Definition			
Specialized F	Specialized Programs				
EP	Service Provided as Part of Medicaid Early Periodic Screening Diagnosis & Treatment (EPSDT) Program	Designates a service/procedure rendered as part of an EPSDT program.			
НА	Child/Adolescent (C/A) Program	Designates a service/procedure associated with a program specifically designed for children and/or adolescents; specific age boundaries are not identified to allow for variation among the states.			
НВ	Adult Program, <i>Non-Geriatric</i>	Designates a service/procedure designed for non-geriatric adults; specific age boundaries are not identified to allow for variation among the states.			
НС	Adult Program, <i>Geriatric</i>	Designates a service/procedure designed for older (geriatric) adults; specific age boundaries are not identified to allow for variation among the states.			
HD	Pregnant/Parenting Women's Program	Designates a service/procedure associated with a program specifically designed for pregnant women/women with dependent children as a unit in a comprehensive treatment setting.			
HE	Mental Health (MH) Program	Designates a service/procedure associated with a program specifically designed to provide MH treatment services.			
HF	Substance Abuse (SA) Program	Designates a service/procedure associated with a program specifically designed to provide SA treatment services.			
нн	Integrated Mental Health/Substance Abuse (MH/SA) Program	Designates a service/procedure associated with a program specifically designed to provide integrated MH/SA treatment services.			
НІ	Integrated Mental Health & Mental Retardation/ Developmental Disabilities (MH/MR/DD) Program	Designates a service/procedure associated with a program specifically designed to provide integrated MH/MR/DD treatment services.			
НК	Specialized Mental Health (MH) Programs for High-Risk Populations	Designates a service/procedure associated with a program specifically designed to address the MH needs of a high-risk population.			
Education Le	evel of Treatment Staff				
AF	Specialty Physician	Designates the person rendering a service/procedure is a physician with a specialty (e.g., psychiatry).			
АН	Clinical Psychologist (CP)	Designates the person rendering a service/procedure is a Licensed Clinical Psychologist.			
AJ	Clinical Social Worker (LCSW)	Designates the person rendering a service/procedure a Licensed Clinical Social Worker (LCSW).			
НМ	Less Than Bachelor's Degree Level	Indicates the rendering provider's educational attainment is less than a bachelor's degree.			
HN	Bachelor's Degree Level	Indicates the rendering provider's highest educational attainment is a bachelor's degree.			
НО	Master's Degree Level	Indicates the rendering provider's highest educational attainment is a master's degree.			
НР	Doctoral Level	Indicates the rendering provider's highest educational attainment is a doctoral degree.			
PA	Physician Assistant (PA)	Designates the person rendering a service/procedure is a Physician Assistant (PA).			
SA	Nurse Practitioner (APRN/RxN) Rendering Service in Collaboration with a Physician (MD/DO)	Designates the person rendering a service/procedure is a Nurse Practitioner (APRN/RxN) collaborating with a physician (MD/DO).			
Modifier	Description	Definition			
TD	Registered Nurse (RN)	Designates the person rendering a service/procedure is a Registered Nurse (RN).			
TE	Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN)	Designates the person rendering a service/procedure is a Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN).			

Uniform Service Coding Standards Manual 2015

Treatment C	Context	
HQ	Group Setting	Designates a service/procedure rendered to more than one (1) client during a single treatment encounter/session, such that the clients have no particular relationship during a single treatment encounter.
HR	Family/Couple with Client Present	Designates a service/procedure rendered to more than one (1) client during a single treatment encounter/session, such that the persons served share a familial/significant other relationship.
HS	Family/Couple without Client Present	Designates a service/procedure rendered to more than one (1) client during a single treatment encounter/session, such that the persons served share a familial/significant other relationship.
UK	Services Provided on Behalf of the Client to Someone Other Than the Client (Collateral Relationship)	Designates a service/procedure rendered to collateral of a client (i.e., spouse, child, parent/other person) who is adversely affected by the client's behavioral health (BH) problem(s).
Court-Order	red Treatment	
Н9	Court-Ordered	Indicates a court, probation/parole officer ordered a service/ procedure.
Modifier	Description	Definition
Multi-Discip	linary	
АМ	Physician, Team Member Service	Designates the person rendering a service/procedure is a medical doctor (MD/DO) acting as part of a team service.
HT	Multi-Disciplinary Team	Designates a service/procedure rendered by multiple providers of different disciplines.
Service Fund	ding/Financing Arrangement	
HU	Funded by Child Welfare Agency	Indicates a service/procedure funded by money appropriated by a child welfare agency.
HX	Funded by County/Local Agency	Indicates a service/procedure funded by money appropriated by a county/local agency.
M2	Medicare Secondary Payer (MSP)	Indicates Medicare is the secondary payer for a service/procedure.
SE	State &/or Federally-Funded Programs/Services	Indicates a service/procedure, or an associated program, funded by money appropriated by a State and/or federal agency.
Level of Care	e	
TF	Intermediate Level of Care (LOC)	Indicates a service/procedure requiring an intermediate LOC.
TG	Complex/High-Tech Level of Care (LOC)	Indicates a service/procedure requiring a complex/high-tech LOC.
Other Modif	fiers	
CR	Catastrophe/Disaster-Related	Indicates a service/procedure rendered to a victim of a catastrophe/disaster (e.g., Hurricane Katrina).
ET	Emergency Services	Indicates a rendered emergency service/procedure.
GQ	Via Asynchronous Telecommunications System	Indicates the distant site physician (MD/DO)/Mental Health Professional (MHP) certifies that the asynchronous medical file was collected and transmitted to him/her at his/her distant site from an eligible originating site when the <i>telemedicine</i> (<i>telehealth</i>) service/procedure was rendered.
GT	Via Interactive Audio & Video Telecommunication Systems	Indicates real-time communication between the distant-site physician (MD/DO)/Mental Health Professional (MHP) has taken place with the client present and participating in the <i>telemedicine</i> (<i>telehealth</i>) service/procedure.

II.E.3. Community Behavioral Health Services Program Service Category Identifiers

The Colorado Department of Health Care Policy and Financing (HCPF) has defined identifiers for the Medicaid State Plan and Mental Health Program 1915(b)(3) Waiver program service categories (Refer to Section II.A.). These identifiers are listed below. The appropriate program service category(ies) for each procedure code is identified in Section II.F. The reporting process for these program service category identifiers is described in Section VI.

	Colorado Community Mental Health Services Program Identifiers					
Identifier	Program Service Category	Description				
HE	State Plan (SP) Services	State Plan (SP) behavioral health (BH) services include inpatient psychiatric hospital services, outpatient services such as psychiatrist, psychosocial rehabilitation, case management (CM), medication management, and emergency services.				
HF	Substance Abuse (SA) Program	Substance Abuse services, as determined by the provider. This modifier should be disclosed in the second modifier field.				
TG	Other State Plan (SP) Services	Other State Plan (SP) services not identified by HE above.				
SC**	Residential Services	Twenty-four (24) hour care, excluding room and board, provided in a non-hospital, non-nursing home setting, appropriate for adults whose mental health issues and symptoms are severe enough to require a 24-hour structured program but do not require hospitalization. Services are provided in the setting where the client is living, in real-time, with immediate interventions available as needed. Clinical interventions are assessment and monitoring of mental and physical health status; assessment and monitoring of safety; assessment of/support for motivation for treatment; assessment of ability to provide for daily living needs; observation and assessment of group interactions; individual, group and family therapy; medication management; and behavioral interventions **				
SK**	Intensive Case Management (ICM)	Community-based services averaging more than one hour per week, provided to adults with serious behavioral health disorders who are at risk of a more intensive 24 hour placement and who need extra support to live in the community. Services are assessment, care plan development, multi-system referrals, assistance with wraparound and supportive living services, monitoring and follow-up. **				
НК	Assertive Community Treatment (ACT)	Comprehensive, locally-based, individualized treatment for adults with serious behavioral health disorders that is available 24 hours a day, 365 days a year. Services include case management, initial and ongoing behavioral health assessment, psychiatric services, employment and housing assistance, family support and education, and substance use disorders services.				
SY	Respite Services	Temporary or short-term care of a child, youth or adult client provided by adults other than the birth parents, foster/adoptive parents, family members or caregivers that the client normally resides with. Respite is designed to give the caregivers some time away from the client to allow them to emotionally recharge and become better prepared to handle normal day-to-day challenges. Respite care providers are specially trained to serve individuals with behavioral health issues.				
НЈ	Vocational (Voc) Services	Services designed to help adult and adolescent clients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services are skill and support development interventions, educational services, vocational assessment, and job coaching.				
HB**	Clubhouses & Drop- In Centers	Peer support services for people who have behavioral health disorders, provided in a Clubhouse or Drop-In Center setting. Clubhouse participants may use their skills for clerical work, data input, meal preparation, providing resource information, and outreach to clients. Drop-in Centers offer planned activities and opportunities for individuals to interact socially, promoting, and supporting recovery. **				
TS**	Recovery Services	Community-based services that promote self-management of behavioral health symptoms, relapse prevention, treatment choices, mutual support, enrichment, rights protection, social supports. Services are peer counseling and support services, peer-run drop-in centers, peer-run employment services, peer mentoring, consumer and family support groups, warm lines, and advocacy services.**				
HT**	Prevention/Early Intervention Activities (Prev/EI)	Proactive efforts to educate and empower individuals to choose and maintain healthy life behaviors and lifestyles that promote positive behavioral health. Services include behavioral health screenings; educational programs promoting safe and stable families; senior workshops related to aging disorders; and parenting skills classes.**				

^{**}Effective July 1, 2011 (HT) is no longer a valid Program Service Category for children/youth age 0 to 21. Covered services to children/youth should be identified with the HE program service modifier for State Plan services.

II.F. Behavioral Health Services Program Procedure Codes

This section details the procedure codes that are covered under the Colorado Community Behavioral Health Services Program by HCPF and/or OBH. The procedure codes are listed in numerical and alphanumberical order. Categorization of the procedure codes by service domain can be found in Section II.F.1. Specific procedure codes are defined and described in the following outline:

- CPT®/HCPCS Procedure Code The 5-digit numeric Current Procedural Terminology (CPT®) or alphanumeric Healthcare Common Procedure Coding System (HCPCS) code used to identify, report and/or bill the specific service or procedure rendered.
- **Procedure Code Description** A brief narrative description of the procedure code based on the definitions from the 2009 Coders' Desk Reference for Procedures^{lxx} and/or the Centers for Medicare and Medicaid Services (CMS). lxxi
- Service Description A brief narrative of the common or generally accepted method(s) of accomplishing the procedure or service indicated by the procedure code description. |xxii
- Usage Identification of whether the service is used by Medicaid and/or OBH.
- Minimum Documentation Requirements The essential elements that are required in the clinical record to support
 the service or procedure rendered. These are listed on the individual codes pages and on page 253 under Technical
 Documentation Requirements. hxxiii
- Notes Additional descriptive information regarding the procedure code or service. Ixxiv
- Applicable Population(s) Any limitations on the use of the procedure code or service based on age. low
- Unit The amount of time for a time-based procedure code (i.e., per 15 minutes, per hour, per diem, per month), or
 the number of occurrences (i.e., session, encounter) for a non-time based procedure code, which is spent face-toface with the client.
 - Encounter or Session = One (1) unit, regardless of the duration (e.g., 90832)
 - 15 Minute Unit = Divide the total duration by 15 minutes (refer to Section III.A)
 - Hour Unit = Calculate the number of units by the total number of hours. For example, a "per hour" procedure code (e.g., 96101) rendered for a total of four (4) hours equals four (4) units.
 - o Day Unit = One day of service, typically of six (6) to 24 hours, equals one (1) unit of service
 - Month Unit = One (1) month equals one (1) unit of service
- **Duration** The minimum and maximum time allowed for the service or procedure, as applicable. (Refer to Section III.) For encounter-based procedure codes, the minimum and maximum time allowed should be considered general guidance, unless otherwise specified in the procedure code description.
- Allowed Mode(s) of Delivery The modalities in which the service or procedure may be rendered. https://www.beartenanthe.com/linear/service-procedure may be rendered.
 - Video Conference is based on the current allowable procedure codes for telemedicine (telehealth). lxxviii
- Example Activities As available, examples of activities that may be reported and/or billed utilizing the specific procedure code. (Note: Examples are not all-inclusive.)
 bxxix
- Staff Requirement The staff credentials required to render the service or procedure, unless specifically restricted by the procedure code description. (Refer to Section II.C.)^{lxxx} The appropriate modifiers are identified in parentheses.
- **Program Service Category(ies)** The Medicaid State Plan and/or 1915(b)(3) Waiver category(ies) in which the service or procedure may be reported. (Refer to Sections II.A and II.E.3.)|| II.E.3.|| IX.A. | IX.A. |
- Place of Service (POS) The actual place(s) or location(s) where the procedure code or service may be rendered (refer to Section II.D). For example, a CMHC outpatient clinic is POS 53, while a CMHC residential facility might be POS 56 (depending on facility type and level of care). Ixxxii The appropriate POS codes are identified in parentheses.

Telemedicine (Telehealth)|xxxiii

- Telemedicine (telehealth) is a means of providing specific services approved by the Colorado Medical Assistance Program (MAP) to Medicaid enrollees in areas where access to an appropriate provider is limited or unavailable.
- Telemedicine (telehealth) services are rendered "live" in real-time via audio-video communications circuits. Telemedicine (telehealth) does not include telephone (interactive audio) or facsimile machines.
- "The availability of services through telemedicine in no way alters the scope of practice of any health care provider; or authorizes the delivery of health care services in a setting or manner not otherwise authorized by law."
- Telemedicine (telehealth) involves an "originating provider/site" where the client is located and a "distance provider" who acts as a consultant to the originating provider, or in some cases, is the only provider involved in the service.
- Procedure codes that are Medicaid-approved for telemedicine (telehealth) are identified in the following sub-sections under "Allowed Mode(s) of Delivery" as Video Conf (GT).

CPT */HCPCS PROCEDURE CODE PROCEDURE CODE DESCRIPTION Both drug class method (e.g., immunoassay, enzyme assay), each drug class method (e.g., immunoassay, enzyme assay), each drug class Medicaid Medicaid Medicaid Mobilimous Documentation Requirements Date of service Client consent Screening results Procedure screens for drugs using a single drug class laboratory analyzer, such as an immunoassay technique or an enzyme assay. Drug screening is used to determine the appropriate treatment for an individual at a particular treatment facility prior to administering differential PROCEDURE CODE DESCRIPTION Drug screen, qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class Client consent Screening results Client's identified treatment plan (if applicable) Referral for treatment (if applicable)
MINIMUM DOCUMENTATION REQUIREMENTS SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS
SERVICE DESCRIPTION This procedure screens for drugs using a single drug class laboratory analyzer, such as an immunoassay technique or an enzyme assay. Drug screening is used to determine the appropriate treatment for an individual at a particular drug class MINIMUM DOCUMENTATION REQUIREMENTS • Date of service • Client consent • Screening results • Client's identified treatment plan (if applicable)
SERVICE DESCRIPTION This procedure screens for drugs using a single drug class laboratory analyzer, such as an immunoassay technique or an enzyme assay. Drug screening is used to determine the appropriate treatment for an individual at a particular MINIMUM DOCUMENTATION REQUIREMENTS • Date of service • Client consent • Screening results • Client's identified treatment plan (if applicable)
This procedure screens for drugs using a single drug class laboratory analyzer, such as an immunoassay technique or an enzyme assay. Drug screening is used to determine the appropriate treatment for an individual at a particular enzyme assay. • Date of service • Client consent • Screening results • Client's identified treatment plan (if applicable)
 laboratory analyzer, such as an immunoassay technique or an enzyme assay. Drug screening is used to determine the appropriate treatment for an individual at a particular Client consent Screening results Client's identified treatment plan (if applicable)
 enzyme assay. Drug screening is used to determine the appropriate treatment for an individual at a particular Screening results Client's identified treatment plan (if applicable)
appropriate treatment for an individual at a particular • Client's identified treatment plan (if applicable)
treatment facility prior to administering differential
nerenation deadment in applicable)
assessments. Personnel collecting and or performing • Signed with 1st initial, last name & credentials
laboratory analysis on collected specimens must follow
established laboratory procedures to prevent contamination
and ensure chain of custody. NOTES EXAMPLE ACTIVITIES
This procedure code is used once per screening for each drug An immunoassay is a biochemical test that measures the presence
class assessed, but this code is not to be used for drug testing and or concentration of a substance in a solution that often
kits that evaluate multiple drug classes in a single procedure. contains a complex mixture of substances. Enzyme assays measure
Use code H0048 for collection specimens. If reimbursed by either the consumption of a substrate or production of a product
Medicaid, 36 specimen limit per year. Modifier HG only over time. An example substance could be an opioid compound.
applies for opioid testing.
APPLICABLE POPULATION(S)
☑ Child (0-11) ☑ Adol (12-17) ☑ Young Adult (18-20) ☑ Adult (21-64) ☑ Geriatric (65+)
PLACE OF SERVICE (POS)
\square School (03) \square Mobile Unit (15) \square NF (32) \square CMHC (53)
☑ Shelter (04) ☐ Temp Lodge (16) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ CORF (62)
☐ Prison/CF (09) ☐ Urgent Care (20) ☐ Hospice (34) ☐ RSATF (55) ☐ Public Health Clinic (71)
☐ Unite (11) ☐ ER Hosp (23) ☐ Indepndt Clinic (49) ☐ PRTF (56) ☐ Rural Health Clinic (72)
□ ALF (13) □ IMTF (26) □ Inpt PF (51) Treatment Cntr (57)
☐ Group Home (14) ☐ SNF (31) ☐ PF-PHP (52) ☐ CIRF (61)
MODIFIER UNIT DURATION
☐ AF ☐ HM ☐ SA ☐ Encounter ☐ 1 Hour ☐ Minimum: N/A
☐ AH ☐ HN ☐ TE ☐ Day ☐ 3 Hours ☐ Maximum: N/A ☐ Maximum: N/A
□ HA □ HO □ TD □ 15 Minutes □ 3 Hours □ Maximum: N/A □ HO □ TD □ ALLOWED MODE(S) OF DELIVERY
THC THP TIP
\square HD \square HQ \square TG \square \square Face-to-Face \square Group (HQ)
M HC
□ HH □ IS □ ZZ □ □ Telephone □ On-Site □ Teleconference
□ HT □ 52 □ Individual □ Off-Site
MINIMUM STAFF REQUIREMENTS
☐ Peer Specialist ☐ APRN (SA) ☐ Cert Prevention Specialist ☑ MD/DO (AF)
☐ Less than Bachelor's
Level (HM) ☐ Unlicensed EdD/PhD/PsyD (HP) ☑ CAC I ☑ Treatment Facility
☐ LPN/LVN (TE) ☐ Unlicensed Master's Level (HO) ☐ CAC II ☐ Interpreter for Deaf and
☐ Bachelor's Level (HN) ☐ Licensed non-physician ☐ CAC III Hard Hearing
\square Psych. Tech practitioner (NPP) \square NP (SA) \square Dentist (only for SBIRT
\square RN (TD) \square PA codes)

Screening						
CPT ®/HCPCS PROCEDU	PROCEDURE	JRE CODE DESCRIPTION USAGE				
	82075	Alcohol (ethanol); breath ☐ Medicaid ☑ OBH				
SERVICE DESCRIPTION			MINIMUM D	OCUMENTATION REQ	UIREMENTS	
Alcohol breathalyzer ac degree of alcohol intox	 Date of service Client consent Screening results Signed with 1st initial, last name & credentials 					
NOTES			EXAMPLE AC	TIVITIES		
Staff performing breathalyzers shall be knowledgeable of collection, handling, recording and storing procedures assuring sample viability for evidentiary and therapeutic purposes.			Breathalyzer administered to test for the degree of alcohol intoxication.			
APPLICABLE POPULATI	ON(S)					
☑ Child (0-11)	☑ Adol (12-17)	✓ Young A	Adult (18-20)	☑ Adult (21-64)	☑ Geriatr	ric (65+)
PLACE OF SERVICE (PO	S)					
☑ School (03) ☑ Shelter (04) ☑ Prison/CF (09) ☑ Office (11) ☑ Home (12) ☑ ALF (13) ☑ Group Home (14)	 ✓ Mobile Unit (15) ✓ Temp Lodge (16) ✓ Urgent Care (20) ✓ ER Hosp (23) ✓ Amb Surg Ctr (24) ✓ MTF (26) ✓ SNF (31) 	✓ NF (32) ✓ Cust Ca ☐ Hospica ✓ Indepn ✓ FQHC (✓ Inpt PF ✓ PF-PHP	are (33) e (34) dt Clinic (49) 50) (51)	✓ CMHC (53) ✓ ICF-MR (54) ✓ RSATF (55) ✓ PRTF (56) ✓ Non-Residential Source Treatment Cntr (57) ✓ CIRF (61)	A ☑ Rural F	Health Clinic (71) Health Clinic (72)
MODIFIER		UNIT			DURATIO	N
☑ AF ☑ AH ☑ HM □ HA ☑ HO	☑ SA ☑ TD ☑ TE	☑ Encoun □ Day □ 15 Min		☐ 1 Hour ☐ 3 Hours	Minimum Maximun	•
⊔ HB	□ TF	ALLOWED	MODE(S) OF I	DELIVERY		
HC		☑ Face-to □ Video (□ Telepho □ Individo	Conference one	☐ Group (HQ) ☐ Family ☑ On-Site ☑ Off-Site	□ Telemo □ Teleco	
MINIMUM STAFF REQU						
 ✓ Peer Specialist ✓ Less than Bachelor's Level (HM) ✓ LPN/LVN (TE) ✓ Bachelor's Level (HN ✓ Psych. Tech ✓ RN (TD) ✓ RxN (SA) 	✓ Unlicensed EdD/PhI✓ Unlicensed Master's	D/PsyD (HP) s Level (HO)	☑ Licensed ☑ CAC I	vention Specialist EdD/PhD/PsyD (AH)	✓ MD/DO (AI ✓ QMAP ✓ Treatment ✓ Interpreter Hard Hearing ✓ Dentist (on codes)	Facility for Deaf and

TREATMENT SERVICES – PSYCHOTHERAPY – INTERACTIVE COMPLEXITY ADD-ON CODE*							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION US			USAGE	
90785* ADD-ON CODE			Interactive complexity (list separately in addition to the code for the primary procedure) ✓ Medicaid ✓ OBH				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION RE	QUIREMENTS		
Code 90785 is an add-on	code used to re	port the interactive	Primary Service	e minimum docı	umentation requir	ements must be	
complexity.			meet				
Interactive complexity re			Means of inter	active complexi	ty should be clearl	y defined	
factors that complicate the	, ,	•					
procedure. Some commo							
communication with disc members and engageme		•					
undeveloped or impaired	, ,	•					
service are those who ha							
guardians, other family m	•	• •					
translators, agencies, cou							
their psychiatric care.							
,							
Appendix I provides further guidance on billing 90785.							
NOTES			EXAMPLE ACTIVIT	TES			
This code is to be reported							
diagnostic psychiatric eva psychotherapy (90832-90							
performed with an evaluation							
(90833, 90836, 90838, 99							
99350), and group psycho							
APPLICABLE POPULATIO		,	UNIT		DURATION		
☑ Child (0-11) ☑ You	oung Adult	☑ Adult (21-64)	☑ Encounter [☐ 15 Minutes	Minimum: NA		
⊠ Adol (12-17) (18-2	20)	☑ Geriatric (65+)	□ Day [□ 1 Hour	Maximum: NA		
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVIO	CE CATEGORY(IE	S)		
☑ Face-to-Face	☑ Individual		⊠ SP (HE)	⊠ ICM	(SK) Vo	` '	
☑ Video Conf (GT)	☑ Group (HQ)		☐ Other SP (TG)	X ACT	(HK) ☐ Clui	ohouse (HB)	
☐ Telephone	☐ Family (HR/H	IS)	Residential (SC)	ПРОС	nite (SV) LI Rec	overy (TS)	
CTAFF DECLUDENTENTS	, , , , , , , , , , , , , , , , , , ,	•	☑ HF (2 nd modifie	r-SUD)	· / LI Pre	v/EI (HT)	
STAFF REQUIREMENTS	☑ Unlicensed	✓ Unlicense	od EdD/				
☐ Peer Specialist	Master's Level		•	ND □ LPN/LVN	l (TE) RxN	I (SA)	
☑ Bachelor's Level (HN)	∠ LCSW (AJ)/L	, , , , ,	,	☐ RN (TD)	⊠ PA	• •	
☑ Intern	LMFT/ LPC	PhD/PsyD (A		🗷 APRN (S.	A) 🗵 MD	/DO (AF)	
PLACE OF SERVICE (POS)	·	, -, (,				
	ACF (13)	☑ Hospice (34)	V Shaltar (04)	⊠ Inpt Hosp) (21) Dyica :	n/CF (09)	
` '	Cust Care (33)	X (F- \/ R (54)	区 Shelter (04) 区 SNF (31)	☑ Inpt PF (5)	1) \boxtimes School		
` '	Grp Home (14)	X NF (37)	⊠ 5NF (51) ⊠ FQHC (50)	区 ER (23)	⊠ Other	POS (99)	
☑ Outp Hospital(22) ☑	Home (12)	☑ PRTF (56)		☑ PF-PHP (5)	(2) <u> </u>	. 00 (55)	

ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS					
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESC	CRIPTION		USAGE
90791		Psychiatric diagnostic ev	valuation		☑ Medicaid ☑ OBH
SERVICE DESCRIPTION		MINIMUM DOCUMENT	ATION REQUIF	REMENTS	
Psychiatric diagnostic evaluation is an integral assessment, including history, mental status. The evaluation may include communication is sources and review and ordering of diagnost. The MHP interviews the client in a culturally diagnostic examination, which includes takin and assessing his/her mental status, as well is may spend time communicating with family, other sources as part of this examination, and the diagnostic interview on the client through sources. * BA-level MHPs use procedure code H0031* * Prescribers use procedure code 90792. NOTES In certain circumstances one or more other is members, guardians, or significant others) in client. Codes 90791 may be reported more to the same day, for the patient, when separate are conducted with the patient, when separate are conducted with the patient and other into services as being provided to the patient and other party in such circumstances. Codes 90° once per day and not on the same day as an management service performed by the same patient. The psychiatric diagnostic evaluation may incomplexity services when factors exist that coff the psychiatric procedure. These services add-on code 90785 used in conjunction with diagnostic service code 90791. 90791 are used and re-assessment (s), if required, and do not psychotherapeutic services. Psychotherapy smay not be reported on the same day by the professional. Psychotherapy provided to a client in crisis sappropriate crisis code (H2011, 90839-90846) be billed on the same day as 90791, if services health care professional. For Services provided at a Crisis Service Site in the content of the professional.	and recommendations. with family or other ic studies. and age-relevant initial g the client's history as disposition. The MHP friends, co-workers, or d may even perform h other informative Informants (family hay be seen in lieu of the han once, but not on e diagnostic evaluations formants. Report I not the informant or 791 may be reported evaluation and exprovider for the same clude interactive complicate the delivery should be reported with the appropriate ed for assessment(s) t include ervices including crisis, same health care tate is reported with the 1), 90839-90840 cannot es are by the same	Technical Documenta See Page 253 Service Content 1. The reason for a agenda? Chief of a 2. Referral source 3. Psychiatric diag 4. Review of psych 5. Complete ment 6. Diagnostic form	the visit. What complaint/prostic intervinosocial and facility status examplation ontact(s) including	ements at was the intendence of the second	(s) or problem(s)
in fields 2 through 4. APPLICABLE POPULATION(S)		UNIT		DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adol (12-17) (18-20)	✓ Adult (21-64) ✓ Geriatric (65+)	☑ Encounter ☐ 1	5 Minutes Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CAT	regory(IES)		
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)		□ SP (HE) □ Other SP (TG) □ Residential (SC) □ HF (2 nd modifier-SUD)	⊠ ICM (SK ⊠ ACT (HK □ Respite) □ Clubi	house (HB) very (TS)
STAFF REQUIREMENTS					
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ Master's Level (HO) □ /LCSW (AJ)/LSW/ LMFT/ LPC	☑ Unlicensed EdD/ PhD/PsyD (HP) ☑ Licensed EdD/PhD/PsyD (AH)	⊔ QMAP	□ LPN/LVN (TI □ RN (TD) ☑ APRN (SA)	E)	A) [']
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☒ Office (11) ☒ Cust Care (33) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ Outp Hospital(22) ☒ Home (12)	☑ ICF-MR (54) ☑ NF (32)		☑ Inpt Hosp (☑ Inpt PF (51)☑ ER (23)☑ PF-PHP (52)	✓ ☐ Priso Scho	on/CF (09) ol (03) or POS (99)

Uniform Service Coding Standards Manual 2015

	ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS					
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DESCR	IPTION		USAGE
	90792		Psychiatric diagnostic eval	luation with n	nedical services	☑ Medicaid ☑ OBH
SERVICE DESCRIPTIO			MINIMUM DOCUMENTA	TION REQUIR	EMENTS	
Psychiatric diagnostic evaluation is an integrated biophysical and medical assessment, including history, mental status, other physical examination elements as indicated, and recommendations. The evaluation may include communication with family or other sources, prescription of medications, and review and ordering of laboratory or other diagnostic studies. * This code is for Prescribers (or prescriber interns) only.			Technical Documentat See Page 253 Service Content 1. The reason for the variety Chief complaint/pre 2. Referral source 3. Psychiatric diagnost 4. Review of psychoso 5. Complete mental st 6. Diagnostic formulat 7. Plan for next contact needed with 3 rd par	visit. What we senting contice interview cial and famme tus examition ct(s) including	vas the intended go cern(s) or problem examination elementally willy history g any follow-up or	ents
	ces one or more other in	formants (family	EXAMPLE ACTIVITIES			
In certain circumstances one or more other informants (family members, guardians, or significant others) may be seen in lieu of the client. Codes 90792 may be reported more than once for the patient, but not on the same day by the same provider when separate diagnostic evaluations are conducted with the patient and other informants. Report services as being provided to the patient and not the informant or other party in such circumstances. Codes 90792 may be reported once per day and not on the same day as an evaluation and management service performed by the same provider for the same patient. The psychiatric diagnostic evaluation may include interactive complexity services when factors exist that complicate the delivery of the psychiatric procedure. These services should be reported with add-on code 90785 used in conjunction with the appropriate diagnostic service code 90792. 90792 is used for assessment(s) and re-assessment (s), if required, and do not include psychotherapeutic services. Psychotherapy services including crisis, may not be reported on the same day by the same provider For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.						
APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11)	✓ Young Adult	Adult (21-64)		Minutes	Minimum: N/A	
ALLOWED MODE(S)	(18-20) OF DELIVERY	☑ Geriatric (65+)	□ Day □ 1 PROGRAM SERVICE CATE		Maximum: N/A	
⊠ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	S Individual ☐ Group (HQ) ☐ Family (HR/HS)			☑ ICM (SK ☑ ACT (HI ☐ Respite	() Clubno	ouse (HB) ery (TS)
STAFF REQUIREMEN			1-1			
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	LMFT/ LPC		□ QMAP [□ LPN/LVN (T □ RN (TD) □ APRN (SA)	E) 🗵 RXN (SA ☑ PA (PA) ☑ MD/DC	
PLACE OF SERVICE (P		William're (2.4)	V Chaltan (CA)	V	(24)	/CF (00)
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☒ ACF (13)☒ Cust Care (33)☒ Grp Home (14)☒ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent Clinic (49)	☑ Inpt Hos ☑ Inpt PF (5 ☑ ER (23) ☑ PF-PHP (5	51) ⊠ School ⊠ NRSAT	TF (57)

Uniform Service Coding Standards Manual 2015

TREATMENT SERVICES – PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
90832	Psychotherapy, 30 minutes with the patient and/or family member ✓ Medicaid ✓ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The MHP renders face-to-face psychotherapy with the client and/or family member. The focus of the session	Technical Documentation Requirements See Page 253				
should be on the client. The client must be present for all	Service Content				
or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.	 The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? Description of the service The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 				
	4. How did the service impact the individual's p goals/objectives?	rogress towards			
	5. Plan for next contact(s) including any follow-	up or coordination			
	needed with 3 rd parties				
NOTES	EXAMPLE ACTIVITIES				
Incidental telephone conversations and consultations are not reportable as psychotherapy.					
If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations.					
Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy by the same health care professional on the same day.					
Use add-on code 90785 for interactive complexity as appropriate. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.					
APPLICABLE POPULATION(S)	UNIT DURATION				
区 Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 16 ☐ Day ☐ 1 Hour ☐ Maximum: 37				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ C ☐ Respite (SY)	/oc (HJ) lubhouse (HB) ecovery (TS) rev/EI (HT)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Master's Level (HO) ☐ Bachelor's Level (HN) ☐ LCSW (AJ)/LSW/ ☐ LMFT/ LPC ☐ PhD/PsyD (☐ LMFT/ LPC ☐ PhD/PsyD (☐ LMFT/ LPC ☐ PhD/PsyD (☐ LMFT/ LPC ☐ LMFT/	(HP) □ QMAP □ RN (TD) ☑ RN I EdD/ ☑ APRN (SA) ☑ M	N (SA) (PA) D/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)		on/CF (09) ool (03) er POS (99)			

TREATMENT SERVICES – PSYCOTHERAPY WITH EVALUATION AND MANAGEMENT						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
90833-ADD-ON	Psychotherapy, 30 minutes with the patient and/or family member when performed with an evaluation and management service (list separately					
	in addition to the code for primary service)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Face-to-face psychotherapy with the client and/or family member provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
NOTES	EXAMPLE ACTIVITIES					
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional. Use add-on code 90785 for interactive complexity as appropriate.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 16 Min					
	□ Day □ 1 Hour Maximum: 37 Mi PROGRAM SERVICE CATEGORY(IES)	nutes				
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☑ SP (HE) ☑ ICM (SK) ☑ Club ☑ Other SP (TG) ☑ ACT (HK) ☑ Respite (SV) ☑ Respite (SV) ☐ Respite (SV)	(HJ) phouse (HB) overy (TS) r/EI (HT)				
STAFF REQUIREMENTS						
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ Unlicensed Master's Level (HO) □ LCSW (AJ)/LSW/ □ License LMFT/ LPC PhD/PsyD	D (HP)					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)		son/CF (09) nool (03) her POS (99)				

TREATMENT SE	TREATMENT SERVICES – PSYCHOTHERAPY						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
90834	Psychotherapy, 45 minutes with the patient and/or family member	✓ Medicaid✓ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
The MHP renders face-to-face psychotherapy with the client and/or family member. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties						
NOTES	EXAMPLE ACTIVITIES						
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional. Use add-on code 90785 for interactive complexity as appropriate. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.							
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 38 M						
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: 52 M	inutes					
ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR/HS) STAFF REQUIREMENTS	⊠ Residential (SC)	c (HJ) ibhouse (HB) covery (TS) ev/EI (HT)					
•	nsed EdD/						
☐ Bachelor's Level (HN) ☐ Bachelor's Level (HN) ☐ Intern ☐ Master's Level (HO) ☐ LCSW (AJ)/LSW/ ☐ LMFT/ LPC ☐ PhD/PsyD	D (HP) □ QMAP □ LPN/LVN (TE) ☑ RX □ RN (TD) ☑ PA □ RD (SA) ☑ MA	N (SA) . (PA) D/DO (AF)					
PLACE OF SERVICE (POS)							
区 CMHC (53) ☒ ACF (13) ☒ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)		rison/CF (09) chool (03) ther POS (99)					

TREATMENT SERVICES – PSYCOTHERAPY WITH EVALUATION AND MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
90836-ADD-ON	Psychotherapy, 45 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service) ☑ Medicaid ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Face-to-face psychotherapy with the client and/or family member provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES	EXAMPLE ACTIVITIES				
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy on the same day by the same health care professional. Use add-on code 90785 for interactive complexity as appropriate.					
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: 38 Minum: 38 Minum: 52 Minum:				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	(111)			
☐ Individual ☐ Group (HQ) ☐ Telephone ☐ Individual ☐ Group (HQ) ☐ Family ☐ (HR/HS)	Residential (SC) Respite (SV) Reco	(HJ) phouse (HB) overy (TS) //EI (HT)			
STAFF REQUIREMENTS					
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ Unlicensed Master's Level (HO) □ LCSW (AJ)/LSW/ □ Licensed E LMFT/ LPC □ PhD/PsyD (A	HP) □ QMAP □ LPN/LVN (TE) ⊠ RXN (SA) EdD/ □ RN (TD) ☑ PA (PA) ☑ APRN (SA) ☑ MD/DO				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)		son/CF (09) nool (03) her POS (99)			

TREATMENT SERVICES – PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
90837	Psychotherapy, 60 minutes with the patient and/or family member ☐ Medicaid ☐ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The MHP renders face-to-face psychotherapy with the client and/or family member. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.	Technical Documentation Requirements See Page 253 Service Content				
NOTES Incidental telephone conversations and consultations are not	EXAMPLE ACTIVITIES				
reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a client in crisis state is reported with the appropriate crisis code (H2011, 90839-90840). 90839-90840 cannot be billed in addition to psychotherapy by the same health care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 53 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: no max				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☑ SP (HE) ☐ Voc (HJ) ☐ Other SP (TG) ☑ ACT (HK) ☑ Residential (SC) ☐ Recovery (TS) ☑ HF (2 nd modifier-SUD) ☐ Prev/EI (HT)				
STAFF REQUIREMENTS					
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ LCSW (AJ)/LSW/ □ LMFT/ LPC □ Unlicensed □ PhD/PsyD (F	HP) □ QMAP □ LPN/LVN (TE) ⊠ RXN (SA) EdD/ □ RN (TD) ☑ PA (PA) ☑ APRN (SA) ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)					
区 Office (11) 区 Cust Care (33) 区 ICF-MR (54) Mobile Unit (15)	☑ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☑ Inpt PF (51) ☑ School (03) ☑ FQHC (50) ☑ PF-PHP (52) ☑ Other POS (99)				

	TREATMENT SER	VICES - PSYCOTHER	APY WITH EVALUATIO	N AND MANA	AGEMENT	
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CODE DI	ESCRIPTION		USAGE
	90838 -ADD-ON	Psychotherapy, 60 minutes with the patient and/or family member when performed with an evaluation and management service (list separately in addition to the code for primary service)				
SERVICE DESCRIPTIO	N		MINIMUM DOCUME	NTATION REC	QUIREMENTS	
Face-to-face psychotherapy with the client and/or family member provided on the same day as an Evaluation and Management service by the same prescriber. The two services must be significant and separately identifiable. The client must be present for all or some of the service. If a family member is present, the focus of the session is still on the client and not on the family unit.			Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES	conversations and se	ancultations are	EXAMPLE ACTIVITIES			
Incidental telephone conversations and consultations are not reportable as psychotherapy. If psychotherapy is provided by a prescriber with an evaluation and management services, use the appropriate psychotherapy add-on code. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. Psychotherapy provided to a client in crisis state is reported with codes 90839 and 90840. 90839/90840 cannot be reported in addition to the psychotherapy codes 90832-90838, if provided by the same health care professional on the same day. Use add-on code 90785 for interactive complexity as appropriate.						
APPLICABLE POPULA			UNIT		DURATION	
	•	☑ Adult (21-64)		5 Minutes	Minimum: 53 M	linutes
Adol (12-17) (18-20)	☑ Geriatric (65+)	□ Day □ 1 PROGRAM SERVICE O	Hour	Maximum: N/A	
□ Face-to-Face □ Video Conf (GT) □ Telephone	□ Individual □ Group (HQ) □ Family (HR/HS)		□ SP (HE) □ Other SP (TG) □ Residential (SC) □ HF (2 nd modifier-SU)	⊠ ICM ⊠ ACT	(SK) □ Voc (SK) □ Clu (HK) □ Rec	c (HJ) bhouse (HB) covery (TS) v/EI (HT)
STAFF REQUIREMEN						
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ Unlicensed □ Unlicensed Master's Level (HO) □ LCSW (AJ)/LSW/ □ Licensed E PhD/PsyD (AH			P) □ QMAP dD/	□ LPN/LVN □ RN (TD) ☑ APRN (SA	⊠ PA (P	A)
PLACE OF SERVICE (F						
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ ICF-IVIK (54) ☑ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Ho ☑ Inpt PF (☑ ER (23) ☑ PF-PHP	(51) \square Priso	on/CF (09) ool (03) er POS (99)

	TI	REATMENT SERVICE	S – PSYCHOTHERAPY for CR	RISIS		
CPT®/HCPCS PROCED	OURE CODE		PROCEDURE CODE DESCRIPTION			USAGE
	90839		Psychotherapy for Crisis, first 60 min ✓ Medicaid ✓ OBH			
SERVICE DESCRIPTION	N		MINIMUM DOCUMENTAT	ION REQ	UIREMENTS	
Urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. Use 90840 for each additional 30 minutes of service.			Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. BH history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties			
NOTES			EXAMPLE ACTIVITIES	•		
Please note that this code cannot be used with CPT codes 90791, 90792, psychotherapy codes 90832-90838 or other psychiatric services, or 90785-90899 if services are by the same health care professional on the same day. This code should be used only once per date even if the time spent by the physician or other healthcare provider is not continuous on that date. For Services provided at a Crisis Service Site include the modifier						
ET in fields 2 through 4. APPLICABLE POPULA	TION(S)		UNIT		DURATION	
☑ Child (0-11)	☑ Young Adult	☑ Adult (21-64) ☑ Geriatric (65+)	☑ Encounter ☐ 15 M		Minimum: 30 Min Maximum: 74 Min *Less than 30 min billed as 90832 o	nutes nutes should be
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERVICE CATEO	SORY(IES)	
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		 ☑ SP (HE) ☐ Other SP (TG) ☑ Residential (SC) ☑ HF (2nd modifier-SUD) 	⊠ ICM ⊠ ACT □ Resp	(HK) ☐ Red	c (HJ) bhouse (HB) covery (TS) ev/EI (HT)
STAFF REQUIREMENT						
☐ Peer Specialist ☐ Bachelor's Level (H ☑ Intern	LMFT/ LPC		HP) □ QMAP □ EdD/ □	LPN/LVN RN (TD) APRN (S	⊠ PA (PA)	
PLACE OF SERVICE (P	OS)					
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent Clinic (49)	⊠ Inpt ⊠ ER (t PF (51)	rison/CF (09) chool (03) RSATF (57) ther POS (99)

TREATMENT SERVICES	S – PSYCHOTHERAPY for CRISIS				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Psychotherapy for Crisis, each additional 30				
90840 (add-on code)	minutes (List separately in addition to code	☑ OBH			
	90839 for primary service)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
90840 is the add-on code for the primary code of 90839.	Technical Documentation Requirements				
Use 90840 for each additional 30 minutes of service past 75	See Page 253				
minutes.	Service Content				
	The reason for the visit. What was the intended Description of the crisis/need for crisis interven	-			
	2. The therapeutic intervention(s) utilized (assessi				
	status, de-escalation techniques, consultation,				
	and the individual's response to the intervention	n(s)			
	3. BH history				
	4. Treatment needs (immediate, short-term, long-				
	with an existing crisis plan (WRAP, advance dire	ctive), ii			
	5. Other problems identified (mental health, subs	tance abuse,			
	medical, etc.)	·			
	6. Plan for next contact(s) including any follow-up or coordination				
NOTES	needed with 3 rd parties EXAMPLE ACTIVITIES				
*90840 is the add-on code for the primary code of 90839. Use	EXAMPLE ACTIVITIES				
90840 for each additional 30 minutes of service past 74					
minutes. 90840 can only be used if 90839 is also reported and the					
entire crisis session (including time reported using 90839) is over 74					
minutes.					
For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.					
APPLICABLE POPULATION(S)	UNIT DURATION				
	☐ 15 Minutes Minimum: 75+ N	/inutes. in 30			
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ 1 Hour min increments	,			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 30 Minutes ☐ Maximum: none				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
	⊠ SP (HE)	Voc (HJ)			
☐ Face-to-Face ☐ Individual	☐ Other SP (TG) ☐ ICM (SK) ☐	Clubhouse (HB)			
☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	⊠ Residential (SC) □ Respite (SY)	Recovery (TS)			
☐ Telephone ☐ Family (HR/HS)	☑ HF (2 nd modifier-SUD) ☐ Respite (SY) ☐	Prev/EI (HT)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Unlicensed	ed EdD/ ☐ LPN/LVN (TE) ☑ RxN (S/	Δ)			
Master's Level (HO) PhD/PsyD (F	HP) □ QMAP □ RN (TD) ☑ PA (PA	-			
	EdD/ RAPRN (SA) RIMD/DO	•			
LMF1/ LPC PND/PsyD (A	λH) — · · · · · (e · ·, — · · · · , - · · · · · · · · · · · · · ·	- (/			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34)	☑ Inpt Hosp (21) ☐ Prisor	1/CF (09)			
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54)	Inpt PF (51)				
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)	☑ FOHC (50)	POS (99)			
☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☑ PF-PHP (52)				

	TREATMENT SERVICES – PSYCHOTHERAPY – FAMILY PSYCHOTHERAPY							
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USA				USAGE	
	90846		Family psychotherapy (without the patient present)					
SERVICE DESCRIPTION			MINIMUM DO	OCUMENTAT	TION REC	QUIREMEN	ITS	
The MHP meets with the client's condition. client's mental statu session. Attention is condition has on the improving the interaction members.	How does 2. Descriptio 3. The therap interventio 4. How did th 5. Plan for ne	nt n for the visit the service r n of the serv peutic intervion(s). Empha ne service im	t. What velate to vice proviention(s) asis on far asis	was the int the treatm ded utilized an amily dyna gress towa	nent plar nd the re mics ards goa	oal or agenda? n? esponse to the ls/objectives? r coordination		
NOTES			EXAMPLE ACT					
When the client is not p benefit of attaining the individual treatment/ser are generally from 30 m hours. Family psychothe staff member of an instit without the client's family record for each family m have to be present in the services are not included All providers, licensed or psychotherapy only withi with State rules and regular for Services provided at in fields 2 through 4	 Observing and correcting, through psychotherapeutic techniques, a client's interaction(s) with family members Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing client Providing parents specific feedback and strategies for managing child's behavior 							
in fields 2 through 4. APPLICABLE POPULAT	ION(S)		UNIT			DURATIO	N*	
		☑ Adult (21-64)		☐ 15 Mi	inutes	Minimum		iutes
• •	-	☑ Geriatric (65+)	□ Day	☐ 1 Hou	ır	Maximun	n: N/A	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SE	RVICE CATE	GORY(IE	S)		
☑ Video Conf (GT)	□ Individual □ Group (HQ) ☑ Family (HR/HS)		SP (HE) Other SP (T Residential HF (2 nd mod	(SC)	⊠ ICM ⊠ ACT □ Resp	` '		house (HB) overy (TS)
STAFF REQUIREMEN	NTS							
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	☑ Unlicensed Master's Level (I ☑ LAC/LCSW(AJ LSW/ LMFT/ LPC)/ 🗵 Licensed E	p)	l QMAP l CAC I l CAC II l CAC III	□ LPN/□ RN (¯ ☑ APRI	•	□ RxN □ PA (I ☑ MD/	
PLACE OF SERVICE (POS)							
☑ Office (11) ☑ Mobile Unit (15)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	ICF-MR (54)✓ NF (32)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC ☑ Independen	t Clinic (49)	☐ Inpt☐ Inpt☐ ER (2☐ ER (2☐ PF-P	23)	X	Prison/CF (09) School (03) NRSATF (57) Other POS (99)

	TREATMENT SERVICES – PSYCHOTHERAPY – FAMILY PSYCHOTHERAPY							
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION U				USAGE	
	90847		Family psychotherapy (conjoint psychotherapy) (with patient present)					
SERVICE DESCRIPTION			MINIMUM DOC	UMENTATI	ON R	QUIREMENT	·s	
The MHP meets with the client's condition. If client's mental status a session. Attention is also condition has on the faimproving the interaction members.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. The therapeutic interventions(s) utilized and the response to the interventions(s) with a focus on family dynamics 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties							
NOTES			EXAMPLE ACTIV	/ITIES				
When the client is not present, the service remains focused on the benefit of attaining the goals identified by the client in his/her individual treatment/service plan. Family psychotherapy sessions are from 30 minutes to 2 hours, with an average of 1.5 hours. Family psychotherapy is not reported when a paid facility staff member of an institution or counselor attends a family session without the client's family/significant other present. An open clinical record for each family member is not required, nor does each family have to be present in the family session. Family history and/or E/M services are not included in 90847. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in			 Conjoint psychotherapy in the office with a married couple in their mid-40s, for marital issues related to the wife's symptoms of moderate depression with vegetative signs, which is gradually improving with antidepressant medication (focus is on treatment of wife's condition) Observing and correcting, through psychotherapeutic techniques, a child's interaction(s) with parents during session Assessing conflicts/impediments within family system and assisting, through psychotherapy, family members in managing client 				fe's symptoms hich is gradually s is on eutic during session stem and	
accordance with State APPLICABLE POPULATION APPLICABLE POPULATION			UNIT			DURATION*	k	
⊠ Adol (12-17) (18-	20) 🗵	Adult (21-64) Geriatric (65+)	☐ Day	☐ 15 Minu ☐ 1 Hour		Minimum: 3 Maximum: 1		utes
ALLOWED MODE(S) OF	- DELIVERY		PROGRAM SERV	/ICE CATEG	ORY(I	•		(111)
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☐ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ SP (HE) ☐ Other SP (TG) ☑ Residential (S ☑ HF (2 nd modif) 5C)	⊠ ICN ⊠ AC □ Res	// (SK) [(HK) [cnite (SV)	□ Rec	(HJ) bhouse (HB) overy (TS) v/EI (HT)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	✓ UnlicensedMaster's Level (I✓ LAC/LCSW(AJ)/LSW/ LMFT	☑ Licensed	(HP) □ CA I EdD/ □ CA	/C II ⊠	LPN/L RN (TI APRN	D)	RxN (PA (F MD/	` '
PLACE OF SERVICE (PO								
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04)☑ SNF (31)☑ FQHC☑ Independent O		□ Inp	t Hosp (21) t PF (51) (23) PHP (52)	X	Prison/CF (09) School (03) NRSATF (57) Other POS (99)

	- PSYCH	OTHERAPY – GROUP PSYCHOTH	ERAPY		
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE			
90849		Multiple-family group therapy ✓ Medicaid ✓ OBH			
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
The MHP meets with several clients' families together to address similar issues of the clients' treatment. Attentionals on given to the impact the clients' conditions have on families.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided including number members present. 3. The therapeutic intervention(s) utilized and response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties 6. If the identified client is not present for the group the progress note for the group session needs to describe why the client was				
		not present. The explanation reasoning as to why the clients			
		how therapy group is neces	sary for the covered	d diagnosis.	
NOTES		EXAMPLE ACTIVITIES			
90849 is reported once for each family group present. I does not include socialization, music therapy, recreation activities, art classes, excursions, group meals, or sensor stimulation. If only one family group is present, documfamily therapy. While group psychotherapy is not a time based service, the average session length is 1.5 hours. Document and report 90849 for each identified family group. All providers, licensed or unlicensed, are required to prepsychotherapy only within their areas of competency, if accordance with State rules and regulations. Multi-family groups that are not therapeutic but provide psycho-education, prevention or earlier intervention services use code H0025.	onal ory eent as ne- ractice in	An example would be a multi-f is not present in the therapy gr		, where the dillu	
APPLICABLE POPULATION(S)		UNIT	DURATION*		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-6-	,	☑ Encounter ☐ 15 Minutes	Minimum: 30 m	inutes	
	5+)	Day 1 Hour	Maximum: N/A		
ALLOWED MODE(S) OF DELIVERY ☐ Face-to-Face ☐ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)		☐ Other SP (TG) 区 A	CM (SK)	oc (HJ) ubhouse (HB) ecovery (TS) ev/EI (HT)	
STAFF REQUIREMENTS					
□ Peer Specialist Master's Level (HO) □ Bachelor's Level (HN) □ LAC/LCSW □ Litern □ LPC □ PhD, □ Litern □ PhD,	Jnlicense /PsyD (H icensed E /PsyD (A	IP) □ QMAP □ LP □ RN □ RD	I (TD) □ P.	xn (SA) A (PA) ID/DO (AF)	
PLACE OF SERVICE (POS)					
		S Shelter (04) SNF (31) □ EF	pt PF (51)	Prison/CF (09) School (03) Other POS (99)	

Uniform Service Coding Standards Manual 2015

TREATMENT SERVICES – PSYCHOTHERAPY – GROUP PSYCHOTHERAPY						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
90853	Group psychotherapy (other than of a multiple- family group) ☑ Medicaid ☑ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The MHP facilitates emotional and rational cognitive interactions in a group setting with 2/more clients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchanges. The group may include clients with separate, distinct, maladaptive disorders, or share some facet of a disorder with other people in the group (e.g., drug abuse, victims of violence). Goals relate to BH treatment, including the development of insight/affective understanding, the use of behavior modification techniques, the use of supportive interactions, the use of cognitive discussion of reality/any combination thereof to provide therapeutic change.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided including number of clients present. 3. The therapeutic intervention(s) utilized and the response to the intervention(s). 4. How did the service impact progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
90853 is used for group psychotherapy involving clients other than	Serving special client populations with a particular theoretical					
the clients' families. 90853 does not include socialization, music therapy, recreational activities, art classes, excursions, group meals, or sensory stimulation. If only one group member is present, document as individual therapy. While group psychotherapy is not a time-based service, the average session length is 1.5 hours. Recommended minimum is 45 minutes for adults and 30 minutes for children/youth. Document and report 90853 for each identified client within the group. All providers, licensed or unlicensed, are required to practice psychotherapy only within their areas of competency, in accordance with State rules and regulations. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.	framework/addressing a specific problem, such as low self-esteem, poor impulse control, depression, etc., through cognitive behavioral therapy (CBT), motivational enhancement therapy, trauma counseling, anger management, and/or sexual offender (SO) treatment Personal dynamics of a client may be discussed by group and dynamics of group may be explored at same time Interpersonal interactions, support, emotional catharsis, and reminiscing					
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65+) 	☑ Encounter☐ Day☐ 15 Minutes☐ Minimum: 45 min. (adult); 30 min. (children)Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☐ Individual☐ Video Conf (GT)☑ Group (HQ)☐ Telephone☐ Family (HR/HS)	⊠ SP (HE) □ ICM (SK) □ Clubhouse (HB) □ Residential (SC) □ Respite (SY) □ Recovery (TS) □ Prev/EI (HT)					
STAFF REQUIREMENTS						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern □ Peer Specialist □ Master's Level (HO) □ LCSW (AJ)/LSW/ □ LMFT/ LPC □ PhD/PsyD (AF	P)					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☐ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☒ Qutpt Hospital(22) ☐ Home (12) ☒ PRTF (56)	☑ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☐ ER (23) ☑ School (03) ☑ FQHC ☑ PF-PHP (52) ☑ Other POS (99)					

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – BIOFEEDBACK TRAINING					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 20 − 30 minutes				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The MHP renders individual psychophysiological therapy by utilizing biofeedback training combined with psychotherapy (i.e., supportive interactions, suggestion, persuasion, reality discussions, re-education, behavior modification techniques, and reassurance) to modify behavior.	 Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s). Include biofeedback interventions 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 				
NOTES	EXAMPLE ACTIVITIES				
Biofeedback training may not be suitable for some clients, including those with a pacemaker/other implantable electrical devices; those who wish to gain insight into their symptoms (biofeedback focuses on behavioral change); those with cognitive impairments (e.g., organic brain disease/TBI), depending on levels of functioning; those with specific pain symptoms of unknown origin.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☒ Young Adult ☒ Adult (21-64) ☒ Adol (12-17) (18-20) ☒ Geriatric (65+)	☑ Encounter☐ Day☐ 15 Minutes☐ Minimum: 20 Minutes☐ Maximum: 30 Minutes				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR/HS)	⊠ SP (HE) □ ICM (SK) □ Voc (HJ) □ Other SP (TG) □ ACT (HK) □ Clubhouse (HB) □ Residential (SC) □ Respite (SY) □ Recovery (TS) ☑ HF (2 nd modifier-SUD) □ Prev/EI (HT)				
STAFF REQUIREMENTS					
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern □ Unlicensed Master's Level (HO) ☑ LCSW (AJ)/ LSW/ LMFT/LPC □ PhD/PsyD	(HP) □ QMAP □ LPN/LVN (TE) ☑ RXN (SA) □ RN (TD) ☑ PA (PA) □ APRN (SA) ☑ MD/DO (AF)				
PLACE OF SERVICE (POS)	There Have (24)				
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☑ Outp Hospital(22) ☐ Home (12) ☐ PRTF (56)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/CF (09) ☐ SNF (31) ☐ ER (23) ☐ Other POS (99) ☐ FQHC (50) ☐ PF-PHP (52)				

	TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – BIOFEEDBACK TRAINING					
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE DESCRIPTION USAGE			
SERVICE DESCRIPTION The MHP renders indivutilizing biofeedback t (i.e., supportive interadiscussions, re-educat	vidual psychophysiolo raining combined wit ctions, suggestion, pe	h psychotherapy ersuasion, reality	See Page 253 Service Content			
and reassurance) to m	odify behavior.		Description The therape response to intervention How did the goals/object Plan for nex	of the service peutic interventic the interventions seservice impact tives?	provided on(s) utilized and the on(s). Include biofe the individual's produced uding any follow-u	he individual's edback rogress towards
NOTES			EXAMPLE ACTIVIT	TIES		
Biofeedback training n including those with a electrical devices; thos symptoms (biofeedback those with cognitive in disease/TBI), depending specific pain symptom	pacemaker/other im se who wish to gain ir ck focuses on behavic mpairments (e.g., organg on levels of function	plantable usight into their oral change); anic brain				
APPLICABLE POPULAT			UNIT		DURATION	
☑ Child (0-11) ☑ \ ☑ Adol (12-17) (18	/oung Adult ⊠ -20) ⊠	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ ☐ Day ☐	15 Minutes 11 Hour	Minimum: 45 Mi Maximum: 50 Mi	
ALLOWED MODE(S) O ☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	Individual ☐ Group (HQ) ☐ Family (HR/HS)		PROGRAM SERVION SP (HE) Other SP (TG) Residential (SC) HF (2nd modifie	☐ ICN	// (SK) □ Vo // (HK) □ Clu Spite (SV) □ Re	c (HJ) ibhouse (HB) covery (TS) ev/El (HT)
STAFF REQUIREMENT						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ Unlicensed Master's Level (HO) ☑ LCSW (AJ)/LSW/ LMFT/ LPC	□ Unlicensed Ed PhD/PsyD (HP) ☑ Licensed EdD, PhD/PsyD (AH)	□ QMAP	□ LPN/LVN ☑ RN (TD) ☑ APRN (SA	🗷 PA (PA)	
PLACE OF SERVICE (PC		П. Населіса (2.1)			(24)	
☑ CMHC (53)☑ Office (11)☐ Mobile Unit (15)☑ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ NE (22)	☐ Shelter (04) ☐ SNF (31) ☑ FQHC (50)	☐ Inpt Hosp ☐ Inpt PF (5: ☐ ER (23) ☐ PF-PHP (5	1) ☐ Prison ☐ Schoo	l (03)

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist client ✓ Medicaid ✓ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The treatment of the client requires explanation(s) to the family, employer(s), or other involved persons to obtain their support and/or participation in the therapy/treatment process. The MHP interprets the results of any psychiatric and medical examinations and procedures, as well as any other pertinent recorded data, and spends time explaining the client's condition. Advice is also given as to how the family and other involved persons can best assist the client.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? What is the clinical need for specific testing? 2. Description of the service 3. Summary of test results, interpretation of test results, discussion with individual about results 4. Treatment recommendations					
NOTES	EXAMPLE ACTIVITIES					
The services provided for procedure code 90887 are considered separate and distinct from the work involved in psychotherapy (see psychotherapy procedure codes) as they have to do with explaining results of testing or an exam to family or other responsible person	 Interpretation of results of exam or testing Discussion regarding results of exam or testing Discussion of assistance family members can give client 					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☐ Video Conf (GT) ☐ Group (HQ) ☑ Telephone ☑ Family/collateral (HR/HS) 	☑ SP (HE) ☑ ICM (SK) ☑ Clubhouse (HB) ☑ Residential (SC) ☑ Respite (SY) ☐ Recovery (TS) ☑ HF (2 nd modifier-SUD) ☐ Prev/EI (HT)					
STAFF REQUIREMENTS						
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ Peer Specialist □ Master's Level (HO) □ LCSW (AJ)/LSW/ □ LMFT/ LPC □ PhD/PsyD (A	HP) □ QMAP ⊠ LPN/LVN (TE) ⊠ RXN (SA) □ RN (TD) ☑ PA (PA) □ APRN (SA) ☑ MD/DO (AE)					
PLACE OF SERVICE (POS)						
☑ Oπice (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ ☑ Mobile Unit (15) ☑ Gro Home (14) ☑ NE (32)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/CF (09) ☐ SNF (31) ☐ ER (23) ☐ School (03) ☐ FQHC ☐ PF-PHP (52) ☐ Other POS (99)					

	ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCED	URE CODE		PROCEDURI	E CODE DESCRIPT	NOIT	USAGE	
96101			Psychological testing assessment of emotion personality, and psychosomers, wals), petime, both face-to-fathe patient and time and preparing the re	onality, intellectual chopathology; e.g., er hour of the psycle time administer interpreting these	abilities, MMPI, nologist's or ing tests to	☑ Medicaid ☑ OBH	
SERVICE DESCRIPTION	ı		MINIMUM DOCUM	MENTATION REQ	UIREMENTS		
The Licensed Psychologist results of psychological tor combined formats, months intellectual functioning, are relevant ways. Information interpreted and a writter face time administering interpretation and reportation. NOTES A Licensed Psychologist sand neuropsychological aperform diagnostic psychological superform diagnostic psychological superformation and control, but during administration. The direction and control, but during administration. The that the testing environment confidentiality, and does performance.	esting. The testing, is easures personality, and psychopatholog on obtained through neport is generated the tests to the client type properties and preparation are incompleted by the tests. An NP, CNS or hological and neuropost practice. The testing Licensed Psychologis at his/her presence is the Licensed Psychological and neuropost practice.	in written, oral, emotions, y in culturally in the testing is d. Both face-to-t, as well as cluded. c psychological PA may psychological ing is st's overall is not required ogist ensures e privacy and	See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agendated How does the service relate to the treatment plan? What is the clinical need for specific testing? 2. Description of the service (Specific test(s)administered) 3. Summary of test results 4. Treatment recommendations EXAMPLE ACTIVITIES ogical • Testing when treatment interventions are ineffective • Question(s) about appropriateness of client's diagnosis litered research				
APPLICABLE POPULAT	TION(S)		UNIT		DURATION		
	oung Adult 🗵	Adult (21-64) Geriatric (65+)		□ 15 Minutes ☑ 1 Hour	Minimum: > Maximum: N		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC	E CATEGORY(IES)			
☐ Video Conf (GT)	☑ Individual □ Group (HQ) □ Family (HR/HS)		SP (HE) Other SP (TG) Residential (SC) HF (2 nd modifier-St	☐ ICM (SK) ☐ ACT (HK) ☐ Respite (S	\ □ Reco	(HJ) bhouse (HB) overy (TS) //EI (HT)	
STAFF REQUIREMENT							
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern	☐ Unlicensed Master's Level (H ☐ LCSW (AJ)/LSW LMFT/ LPC	O) PhD/PsyD	ed EdD/	D LPN/LVN □ RN (TD) □ APRN (SA	⊠ P	xN (SA) A (PA) MD/DO (AF)	
PLACE OF SERVICE (PC	•						
☑ Office (11) □ Mobile Unit (15)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC	☑ Inpt Hosp (21)☑ Inpt PF (51)☐ ER (23)☑ PF-PHP (52)	□ Prison/ ☑ School ☑ Other P	(03)	

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
The Technician, supervised by a Licensed Psychologist, administers the psychological test, which is interpreted and reported by a Licensed Psychologist. The testing, in written, oral, or combined formats, measures personality, emotions, intellectual functioning, and psychopathology in culturally relevant ways. Information obtained through the testing is interpreted and a written report is generated by aLicensed Psychologist. The Technician's face-to-face time administering the tests to the client, as well as the Licensed Psychologist's time for interpreting the test results and creating the report is included. NOTES A Licensed Psychologist supervises diagnostic psychological and neuropsychological tests. An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice. The testing is administered under the Licensed Psychologist's overall direction and control, but his/her presence is not required during administration. The Licensed Psychologist ensures that the testing environment offers adequate privacy and confidentiality, and does not interfere with the examinee's	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? What is the clinical need for specific testing? 2. Description of the service (Specific test(s)administered) 3. Summary of test results 4. Treatment recommendations EXAMPLE ACTIVITIES • Testing when treatment interventions are ineffective • Question(s) about appropriateness of client's diagnosis					
performance. APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☐ 15 Minutes ☐ 15 Minimum: ≥ 31 mins ☐ Day ☐ 1 Hour ☐ Maximum: N/A PROGRAM SERVICE CATEGORY(IES)					
□ Video Conf (GT) □ Telephone □ Family(HR/HS)	SP (HE)					
STAFF REQUIREMENTS						
□ Peer Specialist □ Bachelor's Level (HN) ☑ Intern □ Unlicensed □ Unlicensed □ PhD/PsyD □ LCSW (AJ)/LSW/ □ LMFT/ LPC □ PhD/PsyD	(HP) □ QMAP □ RN (TD) ⋈ PA (PA) d EdD/ ⋈ APRN (SA) □ MD/DO (AF)					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ ACF (13) ☐ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☐ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☑ Inpt PF (51) ☑ School (03) ☑ FQHC ☑ PF-PHP (52) ☑ Other POS (99)					

ASSESSMENT SERVICE	ES – PSYCHOLOGICAL TESTING				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Psychological testing (includes psychodiagnostic	☑ Medicaid			
	assessment of emotionality, intellectual abilities,				
96103	personality and psychopathology, e.g., MMPI and				
	WAIS), administered by a computer, with qualified				
	health care professional interpretation and report.				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The Licensed Psychologist administers and interprets the	Technical Documentation Requirements				
results of psychological testing. The testing in computer	See Page 253				
format measures personality, emotions, intellectual	Service Content				
functioning, and psychopathology. The test is administered	1. The reason for the visit. What was the intended	goal or agenda?			
by computer; results are interpreted and reported by a	How does the service relate to the treatment pl	an? What is the			
qualified health care professional.	clinical need for specific testing?				
	2. Description of the service (Specific test(s)admin	istered)			
	3. Summary of test results				
	4. Treatment recommendations				
NOTES	EXAMPLE ACTIVITIES				
A Licensed Psychologist supervises diagnostic psychological	 Testing when treatment interventions are ineffect 	tive			
tests. An NP, CNS or PA may perform diagnostic	Question(s) about appropriateness of client's diag	gnosis			
psychological tests under their scope of practice. Testing is					
administered under the Licensed Psychologist's overall					
direction and control, but his/her presence is not required					
during administration. The Licensed Psychologist ensures					
that the testing environment offers adequate privacy and					
confidentiality, and does not interfere with the examinee's					
performance.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: \geq 31 m	ins			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	□Day 図1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☑ Individual	SP (HE) □ ICM (SK) □ ICM				
□ Video Conf (GT) □ Group (HQ)	Liother SP (1G)	ibhouse (HB)			
☐ Telephone ☐ Family (HR/HS)	Respite (SV)	covery (TS)			
, , , , ,	\boxtimes HF (2 nd modifier-SUD) \square Respite (31) \square Pre	ev/EI (HT)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☑ Unlicensed ☑ Unlicer	nsed EdD/				
■ Bachelor's Level (HN) Master's Level (HO) PhD/PsvD	NAD BOMAD BLPN/LVN (IE) BRX	N (SA)			
Less Than Bachelor's ICSW (AI)/ISW/ Icense	ed EdD/ ⊠ RN (TD) ⊠ PA				
LEVEL (HIVI) I MET / I PC PhD/PsvD	' X APRN (SA) X MI	D/DO (AF)			
≥ Intern	, (,)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34)		/CF (09)			
최 Office (11) 전 Cust Care (33) 전 ICF-IVIR (54)	INDIT PF (51)				
□Mobile Unit (15)	☑ FOHC ☐ ER (23) ☑ Other				
☑ Outp Hospital(22) ☑ Home (12) ☐ PRTF (56)		\ /			

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDUF	RE CODE		PROCEDURE COD	E DESCRIPTION		USAGE
	96116		Neurobehavioral of thinking, reaso knowledge, atten and problem solv per hour of the Li face-to-face time interpreting test	ning, and judgme tion, language, m ing, and visual sp censed Psycholog with the patient	ent, e.g., acquired nemory, planning atial abilities), gist's time, both and time	☑ Medicaid ☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCU			
The Licensed Psychologi reasoning, and judgmen neurocognitive abilities. examination is interpret Both face-to-face time winterpreting test results	t, to evaluate a client Information obtaine ed and a written reprivith the client and tin	t's d through the ort is generated. ne spent	How does the clinical need. Description of the control of the clinical need. Minimental toward examintellectual/insight, judg. Summary of	or the visit. What he service relate to for specific testin of the service (Spi status exam – pro niner, affect and re cognitive function	was the intended go the treatment plang? ecific test(s)adminisesentation/ appearamood, speech, ning, thought procectors (danger to selormal report	n? What is the stered) ance, attitude ss/content,
NOTES			EXAMPLE ACTIVIT			
The exam includes an initial clinical assessment and evaluation of the client's mental status. In this regard, the neurobehavioral status exam is similar to the psychiatric diagnostic interview exam (90791, 90792). Although the descriptor does not specify use of standardized instruments, both standardized interview instruments and expanded interviews with the client and family/significant other(s), if appropriate, are used.		 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 				
APPLICABLE POPULATION			UNIT		DURATION	
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ ALLOWED MODE(S) OF	20) 🗵	Adult (21-64) Geriatric (65+)	☐ Encounter ☐ Day PROGRAM SERVI	☐ 15 Minutes ☑ 1 Hour CE CATEGORY(IE	Minimum: ≥31 m Maximum: N/A S)	iins
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	l Individual l Group (HQ) l Family (HR/HS)		SP (HE) Other SP (TG) Residential (SC HF (2 nd modifie	☐ ICM ☐ ACT	(SK) □ Voc (SK) □ Club (HK) □ Reco	(HJ) bhouse (HB) overy (TS) r/EI (HT)
STAFF REQUIREMENTS						
	☐ Unlicensed Master's Level (HO) ☐ LCSW (AJ)/LSW/ LMFT/ LPC	□ Unlicensed I PhD/PsyD (HP) ☑ Licensed EdI PhD/PsyD (AH	□ QMAP	□ LPN/LVN □ RN (TD) □ APRN (S	□ PA (F	PA)
PLACE OF SERVICE (POS	•					
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	☑ Inpt Ho ☑ Inpt PF □ ER (23) ☑ PF-PHP	(51) Scho	on/CF (09) ool (03) er POS (99)

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
96118	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), per hour of the Licensed Psychologist's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	☑ Medicaid ☑ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The Licensed Psychologist administers a series of tests in thinking, reasoning, judgment, and memory to evaluate the client's neurocognitive abilities in culturally relevant ways. Information obtained through the testing is interpreted and a written report is generated. Both face-to-face time administering the tests to the client, as well as interpretation and report preparation are included. NOTES A Licensed Psychologist supervises diagnostic psychological and neuropsychological tests. An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice. The testing is administered under the Licensed Psychologist's overall direction and control, but his/her presence is not required during administration. The Licensed Psychologist ensures that the testing environment offers adequate privacy and confidentiality, and does not interfere with the examinee's performance.	Technical Documentation Requirements See Page 253 Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? What is the clinical need for specific testing? 2. Description of the service (Specific test(s) administered) 3. Summary of test results 4. Treatment recommendations EXAMPLE ACTIVITIES • Differential diagnosis between psychogenic and neurogenic syndromes • Delineation of neurocognitive effects of central nervous system (CNS) disorders				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes Minimum: ≥ 31 I☐ Day ☐ 1 Hour Maximum: N/A	mins			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SV)	oc (HJ) lubhouse (HB) ecovery (TS) rev/EI (HT)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern ☐ Unlicensed ☐ Master's Level (HO) ☐ LCSW (AJ)/LSW/ ☐ LMFT/ LPC ☐ PhD/PsyD ((HP) □ QMAP □ LPN/LVN (TE) ⊠ R □ RN (TD) ☑ P ■ APRN (SA) □ N	xN (SA) A (PA) 1D/DO (AF)			
PLACE OF SERVICE (POS)					
⊠ CMHC (53) ⊠ ACF (13) □ Hospice (34) ⊠ Office (11) ⊠ Cust Care (33) ⊠ ICF-MR (54) □Mobile Unit (15) ⊠ Grp Home (14) ⊠ NF (32) ⊠ Outp Hospital(22) □Home (12) ⊠ PRTF (56)	SNF (31)	son/CF (09) nool (03) her POS (99)			

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
96119	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Testing measures thinking, reasoning, judgment, and memory to evaluate the client's neurocognitive abilities in culturally relevant ways. The Technician, under supervision of a Licensed Psychologist, administers the neuropsychological test, which is interpreted and reported by a Licensed Psychologist. Information obtained through the testing is interpreted and a written report is generated by a Licensed Psychologist. The Technician's face-to-face time administering the tests to the client, as well as the Licensed Psychologist's time for interpreting the test results and creating the report is included.	Technical Documentation Requirements See Page 253 Service Content: 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. What is the clinical need for specific testing? 3. Description of the service (Specific test(s) administered) 4. Summary of test results				
NOTES	EXAMPLE ACTIVITIES				
A Licensed Psychologist supervises diagnostic psychological and neuropsychological tests. An NP, CNS or PA may perform diagnostic psychological and neuropsychological tests under their scope of practice. The testing is administered under the Licensed Psychologist's overall direction and control, but his/her presence is not required during administration. The Licensed Psychologist ensures that the testing environment offers adequate privacy and confidentiality, and does not interfere with the examinee's performance.	 Differential diagnosis between psychogenic and neurogenic syndromes Delineation of neurocognitive effects of central nervous system (CNS) disorders 				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes Minimum: ≥ 31 mins ☐ Day ☑ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☑ SP (HE) ☐ ICM (SK) ☐ Clubhouse (HB) ☐ Residential (SC) ☐ Respite (SY) ☐ Recovery (TS) ☑ HF (2 nd modifier-SUD) ☐ Prev/EI (HT)				
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ LCSW (AJ)/LSW/☐ Licensed ☐ Unlicensed ☐ HD/PsyD ☐ LCSW (AJ)/LSW/☐ Licensed ☐ LCSW (AJ)/LSW/☐ PhD/PsyD ☐ LMFT/ LPC ☐ LMFT/ LPC	(HP) □ QMAP □ RN (TD) ☑ PA (PA) H EdD/ ☑ APRN(SA) □ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☒ ACF (13) ☐ Hospice (34) ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54) ☐ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Prison/CF (09) ☑ SNF (31) ☐ ER (23) ☑ School (03) ☑ FQHC (50) ☑ PF-PHP (52) ☑ Other POS (99)				

ASSESSMENT SERVICES – PSYCHOLOGICAL TESTING						
CPT®/HCPCS PROCEDURE CODE PROCEDURE CODE DESCRIPTION U	USAGE					
1 , 5 5 6	☑ Medicaid					
06120	☑ OBH					
qualified health care professional interpretation						
and report.						
SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS						
The test is administered by computer, which is interpreted Technical Documentation Requirements						
	See Page 253					
Service Content						
The reason for the visit. What was the intended go	, ,					
How does the service relate to the treatment plan	n? what is the					
clinical need for specific testing? 2. Description of the service (Specific test(s)administr	torad)					
2. Description of the service (specific test(s)autilinisti	itereu)					
4. Treatment recommendations						
NOTES EXAMPLE ACTIVITIES						
A Licensed Psychologist supervises neuropsychological tests. • Computer based testing with a child/adolescent to a	22222					
An NP, CNS or PA may perform diagnostic neurocognitive abilities.	433633					
neuropsychological tests under their scope of practice. The • Testing when treatment interventions are ineffective	ive and					
testing is administered under the Licensed Psychologist's neuropsychological deficits are expected.						
overall direction and control, but his/her presence is not						
required during administration. The Licensed Psychologist						
ensures that the testing environment offers adequate						
privacy and confidentiality, and does not interfere with the						
examinee's performance.						
APPLICABLE POPULATION(S) UNIT DURATION						
extstyle ex	ns					
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ☐ Day ☑ 1 Hour Maximum: N/A						
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)						
☐ Face-to-Face ☐ Individual ☐ SP (HE) ☐ ICM (SK) ☐ Voc	• •					
□ □ Video Conf (GT) □ □ Group (HO) □ □ Other SP (TG) □ ACT (HK) □ Club	bhouse (HB)					
□ Telephone □ Family (HR/Hs) □ Residential (SC) □ Respite (SY) □ Reco	covery (TS)					
⊠ HF (Z™ modifier-SUD) ☐ Prev	ev/EI (HT)					
STAFF REQUIREMENTS						
☐Peer Specialist ☑ Unlicensed ☑ Unlicensed EdD/ ☑ Unlicensed EdD/	`					
☑ Bachelor's Level (HN) ☑ Bachelor's Level (HO) ☑ Connectised Edb/ ☑ CMAP ☑ LPN/LVN (TE) ☑ RxN (SA) ☑ Less Than Bachelor's ☑ Less Than Bachelo)					
Level (HM)	(AE)					
LMFT/ LPC PhD/PsyD (AH)	(Al)					
PLACE OF SERVICE (POS)						
▼ CMHC (52) ▼ ACE (12) □ Hospico (24) □ Inpt Hosp (21)						
▼ Office (11) ▼ Cust Care (22) ▼ ICE MP (54) Shelter (04) □ Inpt DE (51) □ Prison/Cl						
	(03)					

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDU	RE CODE DESCI	RIPTION	USAGE
96372			Therapeutic, proph (specify substance of intramuscular		•	☑ Medicaid ☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCUM	IENTATION RE	QUIREMENTS	
A therapeutic, prophylactic/diagnostic injection for the administration of medications. Written physician order (required) Actual injectable medication reported/billed separately.			Technical Documentation Requirements See Page 253 Service Content 1. Documentation supports injection of medication ordered 2. Injection site 3. Medication administered 4. Client response to medication, e.g. is the client tolerating medication well or are there complaints of side effects. If not tolerating medication actions taken			
NOTES			EXAMPLE ACTIVITI	ES		
This code may be used in a clinic/CMHC, even if client brings in the medication to be administered. Pharmacies cannot bill for the administration of drugs in a practitioner's office/clinic. Injectable drugs intended for selfadministration/use in the client's home/ administration for a client in a LTC facility may be billed by a pharmacy.						
APPLICABLE POPULATION(S)			UNIT		DURATION	
• •	oung Adult -20)	☑ Adult (21-64) ☑ Geriatric (65+)] 15 Minutes] 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF DELIVERY			PROGRAM SERVICE	E CATEGORY(IE	S)	
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual □ Group (HQ) □ Family (HR/F	HS)	SP (HE) Other SP (TG) Residential (SC) HF (2 nd modifier-	□ ICM □ ACT □ Res _F -SUD)	(HK) ☐ Rec	c (HJ) bhouse (HB) covery (TS) v/El (HT)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	(AJ)/LSW/ LMF	☐ Licensed	HP) □ CAC I EdD/ □ CAC II	⊠ LPN/LV ⊠ RN (TD ⊠ APRN () ⊠ PA (PA	.)
PLACE OF SERVICE (POS						
☑ Office (11) ☑ Mobile Unit (15) ☑	ACF (13) Cust Care (33) Grp Home (14) Home (12)	☑ ICF-MR (54) ☑ NF (32)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent Clini	□ Inpt □ ER (2	PF (51) S S S S S S S S S S S S S	Prison/CF (09) School (03) NRSATF (57) Other POS (99)

TREATMENT SERVICES – REHABILITATION SERVICES – OTHER					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	☑ Medicaid ☑ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENT	s			
Direct one-on-one contact in which the provider instructs and trains a client in the performance of essential self-care and home management activities related to his/her ability to function in the community. Activities are designed to address the specific needs of the client, including but not limited to ADLs and compensatory training for impairments, meal preparation, safety procedures, and use of assistive technology devices/adaptive equipment.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service and how service increases ADLs and ability to function in the community and client response to service 3. How did the service impact progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES	EXAMPLE ACTIVITIES				
Client requires supervised training to help perform his/her normal ADLs, due to impairment resulting from DD, injury, physical/mental illness, or surgery. There is reasonable expectation that the client's functional level will improve as a result of this service.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 mins ☐ Day ☐ 1 Hour ☐ Maximum: 8 hour				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	⊠ Residential (SC)	c (HJ) bhouse (HB) covery (TS) ev/EI (HT)			
STAFF REQUIREMENTS					
☑ Peer Specialist ☒ Unlicensed ☒ Unlicensed ☒ Bachelor's Level (HN) ☒ LCSW (AJ)/LSW/ ☒ Licensed ☒ ☒ Intern ☒ LMFT/ LPC PhD/PsyD (A	HP) □ QMAP ⊠ LPN/LVN (TE) ⊠ RXN (SA ⊠ RN (TD) ⊠ PA (PA) EdD/ ⊠ APRN (SA) ⊠ MD/DO				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☐ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☐ PRTF (56)	☑ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison, ☑ SNF (31) ☐ ER (23) ☑ School ☑ FQHC (50) ☐ PF-PHP (52) ☑ Other	(03)			

TREATMENT SERVICES – REHABILITATION SERVICES – OTHER					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	☑ Medicaid ☑ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Direct one-on-one contact in which the provider instructs and trains a client in the performance of essential ADLs related to his/her ability to function in the community and to reintegrate into the work environment. Activities are designed to address the specific needs of the client including but not limited to shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, and use of assistive technology devices/adaptive equipment.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service and how the service is designed to increase community/work functioning and client response 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES	EXAMPLE ACTIVITIES				
Client requires supervised training to help perform essential ADLs related to his/her ability to function in the community and to reintegrate into the work environment, due to impairment resulting from DD, injury, physical/mental illness, or surgery. There is reasonable expectation that the client's functional level will improve as a result of this service.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 mins ☐ Day ☐ 1 Hour ☐ Maximum: 8 hou				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	(1)			
☑ Face-to-Face ☑ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Reprire (SV)	oc (HJ) lubhouse (HB) ecovery (TS) rev/EI (HT)			
STAFF REQUIREMENTS					
☑ Peer Specialist ☒ Unlicensed ☒ Unlicensed ☒ Bachelor's Level (HN) ☒ LCSW (AJ)/LSW/ ☒ Licensed ☒ Intern ∠ LMFT/ LPC PhD/PsyD (A	HP) □ QMAP □ RN (TD) □ PA (PA) EdD/ □ QMAP □ RN (TD) □ PA (PA))			
PLACE OF SERVICE (POS)					
☑ Oπice (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☐ Mobile Unit (15) ☑ Grn Home (14) ☑ NE (32)	 ☑ Shelter (04) ☑ Inpt Hosp (21) ☑ Inpt PF (51) ☑ School ☑ FQHC (50) ☑ PF-PHP (52) ☑ Prison ☑ School ☑ Other 				

ASSESSMENT SERVICES – ASSESSMENT/MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
98966	Telephone assessment and management provided				
This code is not recommended; if used, please follow CPT	by qualified non-physician health care ☑ OBH				
guidelines.	professional.				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Telephone assessment and management service provided by	Technical Documentation Requirements				
a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from	See Page 253 Service Content				
a related assessment and management service provided	Presenting concern(s)/problem(s)				
within the previous 7 days not leading to an assessment and	History – physical health status, medical (including evaluation of				
management service or procedure within the next 24 hours	medical conditions producing psychiatric signs and symptoms);				
or soonest available appointment; 5 - 10 minutes of medical	mental illness and treatment with dates, locations and provider				
discussion.	name(s), if available; psychosocial (interpersonal and peer				
	relationships, cultural and communication variables [age,				
OPTIONAL DOCUMENTATION REQUIREMENTS	linguistic/ communication needs, gender, sexual orientation,				
DSM-5 diagnosis	relational role, race, cultural resources and strengths],				
	vocational/school/military service, physical/sexual abuse/perpetration and current risk, legal status/problems,				
	violence, family history); problems and strengths in areas of				
	emotional, behavioral, vocational and social needs; growth and				
	development (for child/adolescent); strengths and				
	vulnerabilities/needs of client (and family, as appropriate)				
	3. Disposition – need for BH services, referral, etc.				
NOTES	EXAMPLE ACTIVITIES				
	Contact by telephone with the client in order to assess his/her				
	needs				
	Telephone conversation with the client/client's family to collect social history information				
	social history information				
	With the client's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent				
	information (educational, medical, social services, etc.)				
	Administering acceptable instruments to the client to document				
	substantial impairment in role functioning				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☑ 15 Minutes Minimum: 8 mins				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☐ Face-to-Face ☑ Individual	⊠ SP (HE) □ Voc (HJ) □ ICM (SK) □ OL H (HR)				
☐ Video Conf (GT) ☐ Group (HQ)	☐ Other SP (TG) ☐ Clubhouse (HB) ☐ Residential (SC) ☐ Recovery (TS) ☐ Recovery (TS)				
☑ Telephone ☐ Family (HR/HS)	☐ Residential (SC) ☐ Respite (SY) ☐ Recovery (TS) ☐ Prev/EI (HT)				
STAFF REQUIREMENTS	1 1 (2 modifier 30b)				
Inlicensed Master's	nsed EdD/				
Level (HO) PhD/PsyD	(HP) QMAP PAY(TR)				
☑ Bachelor's Level (HN) ☑ LAC/LCSW (AJ)/LSW/ ☑ License					
LMFT/ LPC PhD/PsyD	(AH)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34)	☑ Inpt Hosp (21) ☐ Prison/CF (09)				
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54)	▼ SNE (31)				
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) □ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	 ☑ SRI (31) ☑ ER (23) ☑ Other POS (99) ☑ PF-PHP (52) 				
- Outp (103pital(22) - 110me (12) - 12 Fitte (30)	E11 111 (32)				

ASSESSMENT SERVICES – ASSESSMENT/MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE D	DESCRIPTION	USAGE		
98967 This code is not recommended; if used, please follow CPT guidelines.		Telephone assessment and management provided by qualified non-physician health care professional.	✓ Medicaid ✓ OBH		
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS			
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion.		Technical Documentation Requirements See Page 253 Service Content 1. Presenting concern(s)/problem(s) 2. History – physical health status, medical (including evaluation of medical conditions producing psychiatric signs and symptoms); mental illness and treatment with dates, locations and provider name(s), if available; psychosocial (interpersonal and peer relationships, cultural and communication variables [age, linguistic/ communication needs, gender, sexual orientation,			
OPTIONAL DOCUMENTATION REQUIRE	MENTS	relational role, race, cultural resources and stre			
• DSM-5 diagnosis		vocational/school/military service, physical/sexual abuse/perpetration and current risk, legal status/problems, violence, family history); problems and strengths in areas of emotional, behavioral, vocational and social needs; growth and development (for child/adolescent); strengths and vulnerabilities/needs of client (and family, as appropriate) 3. Disposition – need for BH services, referral, etc.			
NOTES		EXAMPLE ACTIVITIES			
		 Contact by telephone with the client in order to assess his/her needs Telephone conversation with the client/client's family to collect social history information With the client's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the client to document substantial impairment in role functioning 			
APPLICABLE POPULATION(S)		UNIT DURATION			
☑ Child (0-11)☑ Young Adult☑ Adol (12-17)☑ (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 mi ☐ Day ☐ 1 Hour Maximum: N/A			
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)	1/2 - /111)		
☐ Face-to-Face ☐ Group (HQ) ☐ Video Conf (GT) ☐ Family (HR/H	5)	☐ Other SP (TG) ☐ ICM (SK) ☐ ACT (HK) ☐ Respite (SV)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/El (HT)		
STAFF REQUIREMENTS					
☐ Peer Specialist					
PLACE OF SERVICE (POS)					
 区MHC (53) ✓ ACF (13) ✓ Office (11) ✓ Cust Care (33) ✓ Mobile Unit (15) ✓ Grp Home (14) ☐ Outp Hospital(22) ✓ Home (12) 	□Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	\boxtimes SNF (31) \boxtimes Inpt PF (51) \boxtimes Scho	n/CF (09) ol (03) r POS (99)		

ASSESSMENT SERVICES – ASSESSMENT/MANAGEMENT					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAG	GE			
98968 This code is not recommended; if used, please follow CPT guidelines.	Telephone assessment and management provided by qualified non-physician health care professional. ✓ M ✓ O	Medicaid DBH			
SERVICE DESCRIPTION					
Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion. OPTIONAL DOCUMENTATION REQUIREMENTS • DSM-5 diagnosis	Technical Documentation Requirements See Page 253 Service Content 1. Presenting concern(s)/problem(s) 2. History – physical health status, medical (including evaluation of medical conditions producing psychiatric signs and symptoms); mental illness and treatment with dates, locations and provider name(s), if available; psychosocial (interpersonal and peer relationships, cultural and communication variables [age, linguistic/ communication needs, gender, sexual orientation, relational role, race, cultural resources and strengths], vocational/school/military service, physical/sexual abuse/perpetration and current risk, legal status/problems, violence, family history); problems and strengths in areas of emotional, behavioral, vocational and social needs; growth and development (for child/adolescent); strengths and				
	vulnerabilities/needs of client (and family, as appropri 3. Disposition – need for BH services, referral, etc.	iate)			
NOTES	EXAMPLE ACTIVITIES				
	 Contact by telephone with the client in order to assess his/her needs Telephone conversation with the client/client's family to collect social history information With the client's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the client to document substantial impairment in role functioning 				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☑ 15 Minutes Minimum: 8 mins ☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	11)			
☐ Face-to-Face ☐ Individual ☐ Group (HQ) ☐ Family (HR/HS)	⊠ SP (HE) ⊠ ICM (SK) □ Voc (H □ Other SP (TG) ⊠ ACT (HK) □ Recove ☑ Residential (SC) □ Respite (SY) □ Prev/E	ouse (HB) ery (TS)			
STAFF REQUIREMENTS					
□ Peer Specialist	P) □ QMAP □ LPN/LVN (1E) □ RXN (S □ RN (TD) □ PA (PA □ APRN (SA) □ MD/D	A)			
PLACE OF SERVICE (POS)					
☑ Office (11)	☑ Shelter (04) ☑ Inpt Hosp (21) ☐ Prison/CF (00) ☑ SNF (31) ☑ School (03) ☑ FQHC (50) ☑ PF-PHP (52)				

EVALUATION AND MANAGEME	NT – OF	FICE OR OTHER OUTP	ATIENT SERV	ICES	
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE D	ESCRIPTION		USAGE
New Patient		Office or Other Outp	atient Service	es.	☑ Medicaid
99201 requires problem focused history, problem focused		·			☑ OBH
examination, and straight forward medical decision making.					
Typical time spent is 10 minutes.					
99202 requires expanded problem focused history, expande	ed				
problem focused examination, and straightforward medical					
decision making. Typical time spent is 20 minutes.					
99203 requires detailed history, detailed examination, and I	ow				
complexity medical decision making. Typical time spent is 3					
minutes.	·				
99204 requires comprehensive history, comprehensive					
examination, and moderate complexity medical decision ma	aking				
	ikilig.				
Typical time spent is 45 minutes.					
99205 requires comprehensive history, comprehensive					
examination, and high complexity medical decision making.					
Typical time spent is 60 minutes.					
Established patient					
99212 requires problem focused history, problem focused					
examination, and straightforward medical decision making.					
Typical time spent is 10 minutes.					
99213 requires expanded problem focused history, expande	∌d				
problem focused examination, and low complexity medical					
decision making. Typical time spent is 15 minutes.					
99214 requires detailed history, detailed examination, and					
moderate complexity medical decision making. Typical time	!				
spent is 25 minutes.					
99215 requires comprehensive history, comprehensive					
examination, and high complexity medical decision making.					
Typical time spent is 40 minutes.					
SERVICE DESCRIPTION		MINIMUM DOCUME	NTATION RE	QUIREMENTS	5
These codes are used for face to face services in an office or	r	Please refer to Section	on II.G.1. for o	details about	documentation.
other outpatient setting for the evaluation and managemen	nt of				
an individual with presenting problem(s) of varying severity					
A client is considered outpatient until inpatient admission to					
hospital occurs.	-				
NOTES		EXAMPLE ACTIVITIES	S		
110123		EXAMILE ACTIVITIES			
APPLICABLE POPULATION(S)		UNIT		DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult (21	-64)		5 Minutes		r typical times for
\boxtimes Adol (12-17) (18-20) \boxtimes Geriatric			Hour		ime-based code
ALLOWED MODE(S) OF DELIVERY	(031)	PROGRAM SERVICE			ille-based code
ALLOWED WODE(3) OF DELIVERY		SP (HE)	CATEGORT(II		Voc (HJ)
☑ Face-to-Face ☑ Individual		· ·	☐ ICM		
☑ Video Conf (GT) ☐ Group (HQ)		☐ Other SP (TG)	☐ ACT	(HK)	Clubhouse (HB)
☐ Telephone		☐ Residential (SC)	□ Pocr	ito (SV)	Recovery (TS)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☑ HF (2 nd modifier-S	(OD) .	· , L	Prev/EI (HT)
STAFF REQUIREMENTS		-ID/			
☐ Peer Specialist ☐ Unlicensed ☐ Unlice				I/LVN (TE)	RxN (SA)
□ Bachelor's Level (HN) Master's Level (HO) PND/PSy		□ CAC I	□ RN		PA (PA)
Intern LAC/LCSW Licens					MD/DO (AF)
(AJ)/LSW/ LMF1/ LPC PND/PSY	D (AH)	☐ CAC III		\-··\	:=,=
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34)		elter (04)	☐ Inpt Ho		Prison/CF (09)
☑Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)		IF (31)	☐ Inpt PF (School (03)
oxtimes Mobile Unit (15) $oxtimes$ Grp Home (14) $oxtimes$ NF (32)	⊠ FC	QHC (50)	□ER (23)		NRSATF (57)
☑Outpt Hospital(22) ☐ Home (12) ☐ PRTF (56)	× Ir	ndependent Clinic (49)	☐ PF-PHP	(52) □C	Other POS (99)

EVALUATION AND MANAGEMENT SERVICES – OFFICE OR OTHER OUTPATIENT SERVICES								
CPT®/HCPCS PROCEDU	IRE CODE		PROCEDUR	E CODE DES	CRIPTION			USAGE
	99211		require the p	er outpatient resence of a problems are n	ohysician. I	•	ot	✓ Medicaid✓ OBH
SERVICE DESCRIPTION				DOCUMENT		OUIREME	NTS	
This service is an "inciden provided if the patient is a physician or qualified NP to provide direct supervis. The service code is used wother trained nurse's aide that do not require the pl blood pressure or weight follow-up on side effects, The code is generally not Typically 5 minutes or less	The service do ther E&M so The progress the reason for	loes not requi ervices. It is no note needs to	re any of t ot billed ba o include s ter and E/I	he key comp ased on time ufficient info M service an	onents spent ormation			
NOTES			EXAMPLE A	CTIVITIES				
The service must be medically necessary If another E&M service (including Psychotherapy plus E&M codes) is provided on the same day, the work of the both providers is combined for one higher code that is billed under the prescriber. If another service code more accurately describes the service provided it should be used in place of the 99211, for example, injection codes.		discuss any c An individual were in the a medical nece	is seen by the oncerns abou appears requ rea. No symp essity and sho follows-up w	t medication lesting a blotoms are ruld not be	ons. lood pressur eported. Th billed.	e chec is wou	k because they Id not meet	
APPLICABLE POPULATI	ON(S)		UNIT			DURATIO	N	
☑ Child (0-11)☑ Yo☑ Adol (12-17)☑ (18-2)	-	Adult (21-64) Geriatric (65+)	区 Encounter ☐ Day	· □ 15 Mi □ 1 Hou		Typical tim less	e spen	t: 5 minutes or
ALLOWED MODE(S) OF	DELIVERY		PROGRAM	SERVICE CAT	regory(i	ES)		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) Family (HR/HS)		⊠ SP (HE) □ Other SP (□ Residentia ☑ HF (2 nd mo	al (SC)	☐ ICM (S ☐ ACT (H ☐ Respite	K)	☐ Rec	c (HJ) bhouse (HB) covery (TS) v/El (HT)
STAFF REQUIREMENTS	;							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ Unlicensed Master's Level (H ☐ LAC/LCSW (AJ)/LSW/ LMFT/	O) PhD/PsyD	ed EdD/	☑Certified Medical Asst, ☐ CAC I ☐ CAC II ☐ CAC III	⊠ RN	PN/LVN (TE) N (TD) PRN (SA)	× PA	
PLACE OF SERVICE (PO	•							
☑Office (11) ☐ © ☑Mobile Unit (15) ☐ ©	Cust Care (33) Grp Home (14)	□ ICF-MR (54) □ NF (32)	☐ Shelter (04) ☐ SNF (31) ☑ FQHC (50) ☑ Independe		☐ Inpt ☐ Inpt P ☐ ER (2 ☐ PF-PI	3)	□ Sc ☑ NF	ison/CF (09) hool (03) RSATF (57) ther POS (99)

EVALUATION AND MANAGEMENT – HOSPITAL OBSERVATION SERVICES-OBSERVATION CARE DISCHARGE							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE	USAGE			
99217			Observation Care of when provided on admission.	t			
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REC	QUIREMEN	ITS	
This code is to be utilized to report all services provided to a client on discharge from Observation status if discharged on a day other than the initial date of Observation status. To report services to a client designated as Observation status or inpatient status admitted and discharged on the same date use code range 99234-99236.			The final examination of the client, discussion of the stay, instructions for continuing care and preparation of discharge records.				
NOTES			EXAMPLE ACTIVIT	IES			
APPLICABLE POPULATION	ON(S)		UNIT		DURATIO	N	
· · ·	-	区 Adult (21-64) 区 Geriatric (65+)		□ 15 Minutes □ 1 Hour		for typical times for a time-based code	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR) ☐ Family HS)		SP (HE) ○ Other SP (TG) ○ Residential (SC) ✓ HF (2 nd modifier	ПРО	Л (SK) T (HK) spite (SY)	☐ Voc (HJ) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/El (HT)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ Unlicensed Master's Level ☐ LCSW (AJ)/LS LMFT/ LPC		(HP) □ QMA I EdD/	NP □ LPN/LVN □ RN (TD) ☑ APRN (SA		☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)	
PLACE OF SERVICE (POS	5)						
区MHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☑ Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50)	☐ Inpt Hosp ☐ Inpt PF (51 ☐ ER (23) ☑ PF-PHP (52	.)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)	

EVALUATION AND MANAGEMENT – HOSPITA	L OBSERVATION SERVICES-INITIAL OBSERVATION CAR	(E			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
99218 requires detailed or comprehensive history, detailed or comprehensive exam, and straight forward or low complexity medical decision making, Typical time is 30 minutes 99219 requires comprehensive history, comprehensive exam, and moderate complexity medical decision making, Typical time is 50 minutes 99220 requires comprehensive history, comprehensive exam, high complexity medical decision making, Typical time is 70 minutes	and management of a client ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
The following codes are used to report the encounter(s) by the supervising physician or other qualified health care professional with the client when designated as "observation status." This refers to the initiation of observation status, supervision of the care plan for observation and performance of periodic reassessments. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations, e.g. ER or office should be included in the single code.	Please refer to Section II.G.1. for details about docur	nentation.			
NOTES	EXAMPLE ACTIVITIES				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ See chart for type ☐ Day ☐ 1 Hour ☐ billing as a time-l				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	Jasea code			
	✓ SP (HE) ☐ ICM (SK) ☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SV)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/EI (HT)			
STAFF REQUIREMENTS					
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ Unlicensed □ Unlicensed Master's Level (HO) □ LCSW (AJ)/LSW/ □ Licensed □ Unlicensed PhD/PsyD □ LCSW (AJ)/LSW/ □ Licensed PhD/PsyD	(HP) □ QMAP □ LPN/LVN (TE) ☑ H □ RN (TD) ☑ H □ EdD/ □ RADRN (SA) □	RxN (SA) PA (PA) MD/DO (AF)			
PLACE OF SERVICE (POS)	<u></u>				
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outp Hospital(22) ☐ Home (12) ☐ PRTF (56)	☐ Shelter (04)				

TREATMENT SERVICES – INPATIENT SERVICES – INITIAL HOSPITAL CARE							
CPT®/HCPCS PROCEDU	URE CODE		PROCEDURE COD	E DESCRIPTION		USAGE	
	99221		Initial hospital care, per day, for the evaluation				
			and management of a patient (low severity) ☑ OBH				
SERVICE DESCRIPTION			MINIMUM DOCU	MENTATION REQ	UIREMENTS		
The initial inpatient/			Technical Docume	entation Require	ments		
patient by the admit			See Page 253				
requiring admission are low severity. Three key components			Service Content				
are required:			Documentation fo				
 Detailed/compre 			1. Reason for end			cal examination	
	hensive examination			rior diagnostic tes			
	n-making that is st	raightforward/of	2. Assessment, cl	inical impression,	/diagnosis		
low complexity			3. Plan for care				
When counseling and			4. Date and ident				
(more than 50%)			5. Past and prese	_			
encounter (face-to-fa			6. Appropriate he				
time is considered the	e key/controlling fac	tor to quality for	7. Patient's progr			eatment, and	
the level of service.				gnosis if applicabl			
			8. Counseling and	d/or activities per	formed to coordii	nate patient	
			care	::: :: : :			
				-	ncounter, docume		
					with patient was	used counseling	
				ating care is requ	irea imented (e.g., "20	minutes of the	
					ed counseling/ cod		
NOTES			EXAMPLE ACTIVIT		d couriscinig/ coc	ordinating care j	
This procedure code r	enresents all services	rendered on the	EXAMINE ACTIVIT	ile3			
DOS. Only one 99221							
MD/DO typically spend		-					
APPLICABLE POPULAT			UNIT		DURATION		
		Adult (21-64)		☐ 15 Minutes	See chart for typi	cal times for	
, ,	-	Geriatric (65+)		□ 1 Hour	billing as a time-k		
ALLOWED MODE(S) O	•		PROGRAM SERVICE				
_			⊠ SP (HE)	•	Пν	/oc (HJ)	
✓ Face-to-Face	☑ Individual		☐ Other SP (TG)	□ ICM (SK)	Clubhouse (HB)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ Residential (SC)	□ ACT (HK) □ F	Recovery (TS)	
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifie	r-SUD) Respi	TO () Y)	Prev/EI (HT)	
STAFF REQUIREMENTS	S						
☐ Peer Specialist	□ Unlicensed	☐ Unlicens	ed EdD/	_ □ LPN/LVN	(TE) □ RxN (SA	1	
☐ Bachelor's Level (HN	Master's Level (H	HO) PhD/PsyD (HP) □ QMA	AP □ RN (TD)	□ PA (PA)	•	
☑ Bachelor's Level (III	LCSW (AJ)/LSV	N/ ☐ Licensed	EdD/	□ KN (10) □APRN (SA)			
M III(eIII	LMFT/ LPC	PhD/PsyD (AH)	DAFINI (SA)	ivib/bc	/ (Al)	
PLACE OF SERVICE (PC							
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04)	☑ Inpt Hosp		/CF (09)	
Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	☑ Inpt PF (51) \square School		
☐ Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	☐ FQHC (50)	☐ ER (23)	□ Other		
□Outp Hospital(22)	☐ Home (12)	□ PRTF (56)	()	☑ PF-PHP (52)			

TREATMENT SERVICES – INPATIENT SERVICES – INITIAL HOSPITAL CARE							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COD			USAGE	
	99222		Initial hospital care, per day, for the evaluation				
			and management of a patient (moderate severity)				
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION REC	QUIREMENTS		
The initial inpatient/p	•		Technical Docum	entation Require	ments		
patient by the admittir			See Page 253				
requiring admission a		erity. Three key	Service Content				
components are require				•	ncounter includes:		
Comprehensive his	-				ant history, physi	cal examination	
Comprehensive exp		aa mam la vitu		rior diagnostic te			
 Medical decision-n When counseling and/ 			 Assessment, c Plan for care 	linical impression	i/uiagnosis		
(more than 50%) th			4. Date and iden	tity of provider			
encounter (face-to-face			5. Past and prese				
time is considered the			6. Appropriate h	_			
the level of service.	Key/ controlling rue	tor to quamy for			and changes in tro	eatment, and	
				gnosis if applicab		catinionity and	
					rformed to coordi	nate patient	
			care	,		'	
			 Where time 	e is significant to	encounter, docum	entation that	
			more than !	50% of time spen	t with patient was	used counseling	
			and coordir	nating care is requ	uired		
					umented (e.g., "30		
			50 minute e	encounter was us	ed counseling/ cod	ordinating care")	
NOTES			EXAMPLE ACTIVI	TIES			
This procedure code re			Partial hospital admission for an adolescent patient from chaotic				
DOS. Only one 99222			blended family, transferred from inpatient setting, for continued treatment to control symptomatic expressions of hostility and				
MD/DO typically spends	5 50 minutes at the p	oatient's bedside.		control symptom	atic expressions of	hostility and	
	21/21		depression.				
APPLICABLE POPULATION		1	UNIT	T 45.44	DURATION		
·	-	Adult (21-64)		☐ 15 Minutes	See chart for type		
ALLOWED MODE(S) OF		Geriatric (65+)	Day	☐ 1 Hour	billing as a time-l	based code	
ALLOWED MODE(3) OF	DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	•	l Voc (HJ)	
▼ Face-to-Face	☑ Individual		☐ Other SP (TG)		(SK)	l Clubhouse (HB)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ Residential (SC	., □ ACT	(HK)	Recovery (TS)	
☐ Telephone	☑ Family (HR/HS)		☑ HF (2 nd modifie	· IIRACT	IITA INVI	Prev/EI (HT)	
STAFF REQUIREMENTS			,	,		- , ,	
	□ Unlicensed	☐ Unlicens	ed EdD/		(==)		
☐ Peer Specialist	Master's Level (H	HO) PhD/PsyD (HP) □ QM	ΔΡ	N (TE) RxN (SA		
☐ Bachelor's Level (HN)	□LCSW (AJ)/LSV	// ☐ Licensed	EdD/	′" □ RN (TD)			
☑ Intern	LMFT/ LPC	PhD/PsyD (AH)	☐ APRN (S	SA) 🗠 MD/DC	J (AF)	
PLACE OF SERVICE (POS							
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04) ⊠ Inpt Hos		/CF (09)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	' 🗵 Inpt PF (5	1) \square Schoo		
☐ Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	☐ FQHC (50)	□ ER (23)	□ Othor	POS (99)	
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)	= : 4 (50)	≥ PF-PHP (5	52)	\ /	

TREATMENT SERVICES – INPATIENT SERVICES – INITIAL HOSPITAL CARE						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CO	DE DESCRIPTIO	ON	USAGE	
99223		Initial hospital car			☑ Medicaid	
		and management			☑ OBH	
SERVICE DESCRIPTION		MINIMUM DOC				
The initial inpatient/partial hospital encounter with		Technical Docume	entation Require	ments		
patient by the admitting MD/DO. Usually, the problem		See Page 253				
requiring admission are acute/high severity. Three	key	Service Content				
components are required:		Documentation fo				
Comprehensive history Comprehensive assertion		1. Reason for end			cai examination	
 Comprehensive examination Medical decision-making of high complexity 		2. Assessment, cl	rior diagnostic te			
When counseling and/or coordination of care domination	atec	3. Plan for care	iiiicai iiiipiessioii	/ulagilosis		
(more than 50%) the MD/DO-patient and/or fall		Date and ident	tity of provider			
encounter (face-to-face time on the floor/unit/hospi	-	Past and prese				
time is considered the key/controlling factor to qualify		6. Appropriate he	_			
the level of service.		7. Patient's progr		and changes in tre	atment, and	
			gnosis if applicab		·	
		8. Counseling and	d/or activities pe	rformed to coordin	nate patient care	
				encounter, docume		
			•	t with patient was	used counseling	
			ating care is requ			
				documented (e.g.,		
			te encounter wa	s used counseling/	coordinating	
		care")				
NOTES		EXAMPLE ACTIV				
This procedure code represents all services rendered on		Initial hospital visit for 55-year-old female in chronic pain who has				
DOS. Only one 99223 should be rendered per admiss		attempted suicide.				
MD/DO typically spends 70 minutes at the patient's beds	iue.	Initial partial hospital admission for 16-year-old male, sullen and subdued, with 6 month history of declining school performance.				
		subdued, with 6-month history of declining school performance, increasing self-endangerment, and resistance to parental				
		expectations.	-endangerment,	and resistance to p	Jarentai	
APPLICABLE POPULATION(S)		UNIT		DURATION		
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64	l)	☑ Encounter	☐ 15 Minutes	See chart for typi	cal times for	
☑ Adol (12-17) (18-20) ☑ Geriatric (65)	5+)	☐ Day	☐ 1 Hour	billing as a time-b	ased code	
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERV	/ICE CATEGORY	(IES)		
☑ Face-to-Face		SP (HE)	☐ ICM	1 (SK) □ Vo	oc (HJ)	
☐ Video Conf (GT) ☐ Group (HQ)		☐ Other SP (TG)		• •	ubhouse (HB)	
☐ Telephone		☐ Residential (SC)		pite (SY) 🔲 Re	ecovery (TS)	
		☑ HF (2 nd modifie	r-SUD)	□ Pr	ev/EI (HT)	
STAFF REQUIREMENTS		/				
		ed EdD/	AB □ LPN/LVN	(TE) □ RxN (SA	۸)	
Bachelor's Level (HN) □ Bachelor's Level (HN) □ LCSW (AJ)/LSW/ □ Lice			RN (TD)	□ PA (PA)		
☑ Intern LMFT/ LPC PhD/Ps		•	☐ APRN (SA	A) × MD/DC	(AF)	
PLACE OF SERVICE (POS)	- y - C	,				
☐ CMHC (53) ☐ ACF (13) ☐ Hospice	(34)		☑ Inpt Hosp	(21) _		
\square Office (11) \square Cust Care (33) \square ICF-MR (☐ Shelter (04)	☑ Inpt 1105p	1) Prison		
\square Mobile Unit (15) \square Grp Home (14) \square NF (32)	,	☐ SNF (31)	□ ER (23)	☐ School		
\square Outp Hospital(22) \square Home (12) \square PRTF (56	5)	☐ FQHC (50)		2) 🗆 Other	POS (99)	

EVALUATION AND MANAGEMENT – HOSPIT	TAL OBSERVATION SERVICES-SUBSEQUENT OBSERVATION CARE
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE
99224 requires problem focused interval history, problem focused exam, and straight forward or low complexity medical decision making. Typical time is 15 minutes. 99225 expanded problem focused interval history, expar problem focused exam, and moderate complexity medic decision making. Typical time is 25 minutes. 99226 requires detailed interval history, detailed exam, it complexity medical decision making Typical time is 35	evaluation and management of a client. OBH al
minutes.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
All levels of subsequent observation care include reviewithe medical record and reviewing the results of diagnost studies and changes in the client's status (i.e., changes in history, physical condition, and response to managemen since the last assessment. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) fi provides the Observation care, regardless of the number days since admission. The physician who is the admitting physician must apper modifier Al to all claims. The physician/NPP may only bill for one E&M code per d. Services provided in multiple locations, e.g. ER or office should be included in the single code. Services provided subsequent to the initial hospital care should be billed using one of the subsequent care codes. Choose the code based on the whether the service is init or subsequent care and by the level of code.	ic n tt) e erst e of nd ay.
NOTES	EXAMPLE ACTIVITIES
ADDITCABLE DODLII ATIONICI	UNIT DURATION
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65)	4) ☑ Encounter ☐ 15 Minutes See chart for typical times for 5+) ☐ Day ☐ 1 Hour billing as a time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)
 ☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone ☑ Individual ☐ Group (HQ) ☑ Family (HR) ☐ Family (HS) 	Image: Septiment of the s
STAFF REQUIREMENTS	
☐ Bachelor's Level (HN) ☐ Intern ☐ Master's Level (HO) ☐ LCSW (AJ)/LSW/ ☐ Licer ☐ LMFT/ LPC ☐ PhD/Ps	censed EdD/ yD (HP)
PLACE OF SERVICE (POS)	
\square Office (11) \square Cust Care (33) \square ICF \square Mobile Unit (15) \square Grp Home (14) \square NF	Inpt Hosp (21)

	TREATMENT SERV	/ICES – INPATIENT	SERVICES – SUBSE	QUENT HOSPITA	AL CARE		
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODI	E DESCRIPTION		USAGE	
	99231		Subsequent hospit		(stable,	☑ Medicaid	
			recovering or impr			☑ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUI		•		
Subsequent hospital of			Technical Docume	entation Require	ements		
diagnostic studies revi			See Page 253				
patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by			Service Content				
	_	·	Documentation fo				
MD/DO. Requires at le		onents:	 Reason for end Condition bein 		ow-up on condition	n)	
 A problem-focuse A problem-focuse 			Any changes in		, nhysical evamina	ation findings	
	n-making that is str	aightforward/of	and/or prior di		, priysical examina	ition infamgs,	
low complexity	i making that is str	anginejoi wara, oj	4. Assessment, cl	-	n/diagnosis		
When counseling and	d/or coordination of	care dominates	5. Plan for care	mear impression	1, 4146110313		
(more than 50%)			6. Date and ident	ity of provider			
encounter (face-to-fa			7. Past and prese				
time is considered the	e key/controlling facto	or to qualify for	8. Appropriate he	ealth risk factors			
the level of service.			9. Patient's progr	ess, response to	and changes in tre	eatment, and	
				nosis if applicab			
			10. Counseling and	d/or activities pe	rformed to coordi	nate patient	
			care				
				_	encounter, docum		
			more than 50% of time spent with patient was used counseling and coordinating care is required				
					uirea :umented (e.g., "1(minutes of the	
					ed counseling/ cod		
NOTES			EXAMPLE ACTIVIT		ed codificating/ cod	oraliating care 7	
Usually, the patient	is stable, recovering	improving. The			1-year-old female i	n middle phase	
MD/DO typically spend					haviorally stable a		
				ogress in treatm	•		
APPLICABLE POPULAT			UNIT		DURATION		
• •	-	Adult (21-64)		☐ 15 Minutes	See chart for typi		
		Geriatric (65+)	•	□ 1 Hour	billing as a time-b	pased code	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVIC	CE CATEGORY(IE	•		
☑ Face-to-Face	☑ Individual		⊠ SP (HE)		IV/I (\ K)	Voc (HJ)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ Other SP (TG)		CT (HK)	Clubhouse (HB)	
☐ Telephone	☑ Family (HR/HS)		☐ Residential (SC) ☑ HF (2 nd modifiential)		osnite (SY)	Recovery (TS) Prev/EI (HT)	
STAFF REQUIREMENTS	3		™ (2 * IIIouillei	1-300)		riev/Li (iii)	
	☐ Unlicensed	☐ Unlicens	sed EdD/				
☐ Peer Specialist	Master's Level (H			AP ☐ LPN/LV			
☐ Bachelor's Level (HN	lcsw (aj)/lsw		•	□ KN (TD		•	
☑ Intern	LMFT/ LPC	PhD/PsyD (☐ APRN ((SA) ⊠ MD/DC) (AF)	
PLACE OF SERVICE (PC	OS)	· , ,	·				
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04)	☑ Inpt Hosp	(21) ☐ Prison	/CE (00)	
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	✓ Inpt PF (5)	1) \square School		
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ FQHC (50)	☐ ER (23)	□ Other		
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)	Q.10 (50)	≥ PF-PHP (5	2)	. 55 (55)	

TREATMENT SERVICES – INPATIENT SERVICES – SUBSEQUENT HOSPITAL CARE						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
00222	Subsequent hospital care, per day (patient	✓ Medicaid				
99232	responding inadequately to therapy or has	☑ OBH				
SERVICE DESCRIPTION	developed a minor complication)					
Subsequent hospital care includes medical record review,	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements					
diagnostic studies review, along with a review of changes in	See Page 253					
patient's status (i.e., changes in history, physical condition	Service Content					
and response to management) since the last assessment by	Documentation for each patient encounter includes	:				
MD/DO. Requires at least 2 of these 3 components:	1. Reason for encounter (i.e., follow-up on condition					
 An expanded problem-focused interval history 	2. Condition being followed					
 An expanded problem-focused examination 	3. Any changes in relevant history, physical examin	ation findings,				
 Medical decision-making of moderate complexity 	and/or prior diagnostic tests					
When counseling and/or coordination of care dominates	4. Assessment, clinical impression/diagnosis					
(more than 50%) the physician-patient and/or family	5. Plan for care					
encounter (face-to-face time on the floor/unit or hospital),	6. Date and identity of provider					
time is considered the key or controlling factor to qualify for the level of service.	7. Past and present diagnoses8. Appropriate health risk factors					
the level of service.	9. Patient's progress, response to and changes in tr	reatment and				
	revision in diagnosis if applicable	catinent, and				
	10. Counseling and/or activities performed to coord	inate patient				
	care	·				
	 Where time is significant to encounter, docum 	entation that				
	more than 50% of time spent with patient was	s used counseling				
	and coordinating care is required					
	o Time spent must also be documented (e.g., "1					
NOTE	25 minute encounter was used counseling/ co	ordinating care")				
NOTES	EXAMPLE ACTIVITIES	le a le te a				
Usually, the patient is responding inadequately to therapy/has developed a minor complication. The MD/DO		 Subsequent hospital visit for a 46-year-old male who complains of symptoms related to recent adjustments to psychotropic 				
typically spends 25 minutes at the patient's bedside.	medications.	sychotropic				
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes See chart for typ	ical times for				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a time-	based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face		Voc (HJ)				
☐ Video Conf (GT) ☐ Group (HQ)	D ACT (HK)	Clubhouse (HB)				
☐ Telephone ☑ Family (HR/HS)	Residential (SC)	Recovery (TS)				
STAFF REQUIREMENTS	⊠ HF (2 [™] Illoulliel-30D)] Prev/EI (HT)				
□ Unlicensed □ Unlicen	sed EdD/					
Li Peer Specialist Master's Level (HO) PhD/PsvD	(HP) DOMAP LIPN/LVN (TE) LIPN/LVN (S					
DICSW (ΔΙ)/ISW/ Dicense	d EdD/ LIKIN (ID) LI PA (PA					
☑ Intern LMFT/ LPC PhD/PsyD	(AH) ☐ APRN (SA) ☒ MD/DG	J (AF)				
PLACE OF SERVICE (POS)						
☐ CMHC (53) ☐ ACF (13) ☐ Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prisor	n/CF (09)				
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	□ SNE (31) □ School					
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)	□ FOHC (50) □ ER (23) □ Other	POS (99)				
\square Outp Hospital(22) \square Home (12) \square PRTF (56)	□ F PHP (52) □ Other					

TREATMENT SERVICES – INPATIENT SERVICES – SUBSEQUENT HOSPITAL CARE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
99233	Subsequent hospital care, per day (unstable patient or the development of significant complications or problems) ✓ Medicaid ✓ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Subsequent hospital care includes medical record review, diagnostic studies review, along with a review of changes in patient's status (i.e., changes in history, physical condition and response to management) since the last assessment by MD/DO. Requires at least 2 of these 3 components: • A detailed interval history • A detailed examination • Medical decision-making of high complexity When counseling and/or coordination of care dominates (more than 50%) the MD/DO-patient and/or family encounter (face-to-face time on the floor/unit/hospital), time is considered the key/controlling factor to qualify for the level of service.	Technical Documentation Requirements See Page 253 Service Content Documentation for each patient encounter includes: Reason for encounter (i.e., follow-up on condition) Condition being followed Any changes in relevant history, physical examination findings, and/or prior diagnostic tests Assessment, clinical impression/diagnosis Plan for care Date and identity of provider Past and present diagnoses Appropriate health risk factors Patient's progress, response to and changes in treatment, and revision in diagnosis if applicable Counseling and/or activities performed to coordinate patient care Where time is significant to encounter, documentation that more than 50% of time spent with patient was used counseling and coordinating care is required Time spent must also be documented (e.g., "20 minutes of the 35 minute encounter was used counseling/ coordinating care")				
NOTES	EXAMPLE ACTIVITIES				
Usually, the patient is unstable/has developed a significant complication/new problem. The MD/DO typically spends 35 minutes at the patient's bedside.	 Subsequent hospital visit for an adolescent patient who is violent, unsafe, and noncompliant with multiple expectations for participation in treatment plan and behavior on unit. 				
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes See chart for typical times for billing as a time-based code				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)	☑ SP (HE) ☐ ICM (SK) ☐ Voc (HJ) ☐ Other SP (TG) ☐ ACT (HK) ☐ Clubhouse (HB) ☐ Residential (SC) ☐ Respite (SY) ☐ Recovery (TS) ☑ HF (2 nd modifier-SUD) ☐ Prev/EI (HT)				
STAFF REQUIREMENTS					
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ Unlicensed Master's Level (HO) □ LCSW (AJ)/LSW/ □ License LMFT/ LPC □ PhD/PsyD	(HP) □ QMAP □ LPN/LVN (TE) □ RXN (SA) □ RN (TD) □ PA (PA) □ EdD/ □ APRN (SA) ☒ MD/DO (AE)				
PLACE OF SERVICE (POS)					
□ CMHC (53) □ ACF (13) □ Hospice (34) □ Office (11) □ Cust Care (33) □ ICF-MR (54) □ Mobile Unit (15) □ Grp Home (14) □ NF (32) □ Outp Hospital(22) □ Home (12) □ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50) ☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison/CF (09) ☐ School (03) ☐ Color Pos (99) ☐ Color Pos (99)				

EVALUATION AND MANAGEMENT – HOSPITAL INPATIENT SERVICES – SUBSEQUENT HOSPITAL CARE – SAME DAY ADMIT/DISCHARGE OBSERVATION/INPATIENT E/M SERVICES				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE			
99234 requires detailed or comprehensive history, detailed or comprehensive exam, straight forward or low complexity med decision making, Typical time 40 minutes 99235 requires comprehensive history, comprehensive exam, moderate complexity med decision making, Typical time 50 minutes 99236 requires comprehensive history, comprehensive exam, high complexity med decision making, Typical time 55 minutes	Same day admit/discharge Observation/inpatient E&M services ☑ Medicaid ☑ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS			
The following codes are used to report evaluation and management services provided to hospital inpatient clients. Hospital inpatient services include those services provided to clients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services. See also psychiatry notes in the full text of the CPT code set. The following codes are used to report observation or inpatient hospital care services provided to clients admitted and discharged on the same date of service. This code is used for all services provided on the date the physician or NPP (qualified Non-Physician Practitioner) first provides the inpatient hospital care, regardless of the number of days since admission. The physician who is the admitting physician must append modifier AI to all claims. The physician/NPP may only bill for one E&M code per day. Services provided in multiple locations (e.g. ER or office) should be included in the single code. Services provided subsequent to the initial observation care should be billed using one of the subsequent observation care codes.	Please refer to Section II.G.1. for details about documentation.			
NOTES	EXAMPLE ACTIVITIES			
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	UNIT DURATION ☑ Encounter ☐ 15 Minutes See chart for typical times for billing as a time-based code			
ALLOWED MODE(S) OF DELIVERY ☑ Face-to-Face ☑ Individual ☐ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☑ Family (HR) ☐ Family (HS)	PROGRAM SERVICE CATEGORY(IES) SP (HE)			
STAFF REQUIREMENTS	1510/			
□ Peer Specialist □ Unlicensed □ Unlicenses □ Bachelor's Level (HN) □ LCSW (AJ)/LSW/ □ Licensed LMFT/ LPC PhD/PsyD (A	HP) □ QMAP □ RN (TD) □ PA (PA) EdD/ □ RAPRN (SA) □ MD/DO (AF)			
PLACE OF SERVICE (POS)				
□ CMHC (53) □ ACF (13) □ Hospice (34) □ Office (11) □ Cust Care (33) □ ICF-MR (54) □ Mobile Unit (15) □ Grp Home (14) □ NF (32) ☑ Outpt Hospital(22) □ Home (12) □ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50) ☐ Inpt Hosp (21) ☐ Prison/CF (09) ☐ School (03) ☐ ER (23) ☐ Other POS (99)			

	TREATMENT SERVICES – INPATIENT SERVICES – HOSPITAL DISCHARGE SERVICES									
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE D	ESCRIPTION		USAGE				
	99238		Discharge day manag	gement; 30 m	inutes or less	☑ Medicaid ☑ OBH				
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS							
The total duration of MD/DO time spent (even if not continuous) for hospital discharge of a patient, including as appropriate, final examination of the patient, discussion of the hospital stay, instructions for continuing care to all relevant caregivers, and preparation of discharge records, prescriptions and referral forms.			Technical Documentation Requirements See Page 253 Service Content 1. Examination of patient 2. Continuing care instructions							
			3. Prescriptions4. Referrals							
NOTES			EXAMPLE ACTIVITIES	S						
APPLICABLE POPULATION(S)			UNIT		DURATION					
·	-	Adult (21-64) Geriatric (65+)		15 Minutes 1 Hour	Minimum: N/A Maximum: 30 N	1inutes				
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	CATEGORY(IE	S)					
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		SP (HE) Other SP (TG) Residential (SC) HF (2 nd modifier-S	□ ICN □ AC □ Res	/I (SK) T (HK) Conite (SV)] Voc (HJ)] Clubhouse (HB)] Recovery (TS)] Prev/El (HT)				
STAFF REQUIREMENTS										
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ Unlicensed Master's Level (H ☐ LCSW (AJ)/LSW LMFT/ LPC		HP) □ QMAP EdD/	☐ LPN/LVN ☐ RN (TD) ☐ APRN (S	` <i>′</i>	RxN (SA) PA (PA) MD/DO (AF)				
PLACE OF SERVICE (POS	5)									
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50)	☑ Inpt Hosp ☑ Inpt PF (5 ☐ ER (23) ☑ PF-PHP (5	1) [☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)				

	TREATMENT SERVICES – INPATIENT SERVICES – HOSPITAL DISCHARGE SERVICES									
CPT®/HCPCS PROCE	OURE CODE		PROCEDURE CO	DE DESCRIPTION	ON		USAGE			
	99239		Discharge day m	anagement; n	nore than 3	0	☑ Medicaid			
	99239		minutes ☑ OBH							
SERVICE DESCRIPTIO	N		MINIMUM DOC	MINIMUM DOCUMENTATION REQUIREMENTS						
The total duration of	MD/DO time spent (even if not	Technical Documentation Requirements							
continuous) for hosp	ital discharge of a pa	atient, including as	See Page 253	See Page 253						
appropriate, final examination of the patient, discussion of			Service Content							
the hospital stay, inst	1. Examination	of patient								
relevant caregivers,		ischarge records,	2. Continuing ca		S					
prescriptions and refe	erral forms.		3. Prescriptions							
	4. Referrals									
NOTES			EXAMPLE ACTIV	ITIES						
APPLICABLE POPULA	UNIT		DURA							
	☑ Young Adult	Adult (21-64) ■		☐ 15 Minute	-	num: 30 mi	nutes			
, , ,	18-20)	☑ Geriatric (65+) ☐ Day ☐ 1 Hour Maximum: N/A								
ALLOWED MODE(S)	OF DELIVERY		PROGRAM SERV	ICE CATEGOR	Y(IES)					
▼ Face-to-Face	☑ Individual		SP (HE) ☐ Other SP (TG)		ICM (SK)] Voc (HJ)] Clubhouse (HB)			
☐ Video Conf (GT)	☐ Group (HQ) ☑ Family (HR/H	ıc)	☐ Residential (So	()	ACT (HK)	, \Box	Recovery (TS)			
☐ Telephone	△ Family (HK/H	15)	☑ HF (2 nd modifi	ier-SUD)	Respite (S)	, <u> </u>] Prev/EI (HT)			
STAFF REQUIREMEN	ΤS									
☐ Peer Specialist ☐ Bachelor's Level (H	☐ Unlicense Master's Lev ☐ LCSW (AJ	vel (HO) PhD/Psy[` '	ΙΜΜΑΡ] LPN/LVN] RN (TD)	` _	RxN (SA) PA (PA)			
☑ Intern	LMFT/ LPC	PhD/PsyD	•] APRN (SA) 🗵	MD/DO (AF)			
PLACE OF SERVICE (P	<u> </u>	1110/13/2	(7 (11)							
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	Па! I: (0.1)	⊠ Inpt ⊦	losp (21)		(07 (00)			
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☐ Shelter (04)	⊠ Inpt P		☐ Prison				
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)	☐ SNF (31) ☐ FQHC (50)	□ ER (23)		chool (03) ther POS (99)			
☐Outp Hospital(22)	☐ Home (12)	□ PRTF (56)	4 (50)	⊠ PF-PH	P (52)		. 55 (55)			

EVALUAT	ION AND MANAGEM	ENT – CONSULTAT	TIONS – OFFICE OR O	THER OUTPATIENT	CONSULTATION	ONS	
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CODE	DESCRIPTION		USAGE	
prescriber to prescri	99241 de only may be utilized ber consultation regar code may not be used present.	ding a patient.	or established patie history, problem fo	patient consultation ent. Requires proble cused exam straight ng, Typical time 15 n	m focused forward	☑ Medicaid ☑ OBH	
SERVICE DESCRIPTION	•		MINIMUM DOCUM	IENTATION REQUIR	EMENTS		
A consultation is a sery MD/DO/prescribing Not evaluation and/or man requested by another MD/DO/prescribing Not the purposes of provious another MD/DO/prescribing and/or cophysicians/qualified howith the nature of the family's needs".	vice rendered by an urse whose opinion/ an agement of a specific MD/DO/other appropurse consultant utilize ling direct consultation cribing Nurse for the proordination of care with ealth care professional	1. Documentation of written, verbal/shared medical records request in client record: Request for consultation from attending MD/DO Reason for consultation Services and supplies performed/ordered by consultant Total length of time of encounter (face-to-face or floor time, whichever is appropriate) Counseling and/or activities performed to coordinate client care Time spent must also be documented (e.g., "15 minutes of the 20 minute encounter was used counseling/coordinating care") Copy of written report sent by consultant to referring MD/DO Formal report/copy of consultant's note Referring MD/DO's name Evidence that referring MD/DO requested both consultation and consultant's opinion Advice and/or opinion regarding client's condition					
NOTES			EXAMPLE ACTIVITIE	tion II.G.1. for deta			
Only one consultation day of service. Please refer to Section documentation.	is reported by the con		An RN sees a client to follow-up on side effects per order of the physician. The client does not see the physician on that day. BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.				
APPLICABLE POPULAT	TON(S)		UNIT		DURATION		
☑ Child (0-11)☑ Adol (12-17)☑ (1	Young Adult 🗵 8-20) 🗵	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Min: 8 min Max: N/A		
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVICE	CATEGORY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/HS)	SP (HE) Other SP (TG) Residential (SC) HF (2 nd modifier-	□ ICM (□ ACT (□ Respi	SK) [HK) [to (SV) [l Voc (HJ) l Clubhouse (HB) l Recovery (TS) l Prev/EI (HT)	
STAFF REQUIREMENT							
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	LMFT/ LPC	(HO) PhD/PsyD	nlicensed EdD/ (PsyD (HP) □ QMAP □ LPN/LVN (TE) ☑ RxN (□ RN (TD) ☑ PA (Pxicensed EdD/ PhD/PsyD ☑ APRN (SA) ☑ MD/E				
PLACE OF SERVICE (PC	•	_			=		
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ ICF-MR (54) ☑ NF (32)	☐ Shelter (04) ☑ SNF (31) ☑ FQHC (50) ☑ Independent Clinic	□Inpt Hosp □ Inpt PF (51 ☑ ER (23) c (49) □ PF-PHP (52	L) □ S ⊠ N	rison/CF (09) chool (03) IRSATF (57) other POS (99)	

EVALUATION AND MANAGEMENT – CONSULTATIONS – OFFICE OR OTHER OUTPATIENT CONSULTATIONS							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
99242 requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes 99243 requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes 99244 requires comprehensive history, comprehensive exam	Office or other Outpatient Consultations Evaluation and Management Services	☑ Medicaid ☑ OBH					
moderate complexity med decision making, Typical time 60 minutes 99245 requires comprehensive history, comprehensive exam							
high complexity med decision making, Typical time 80 minutes							
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
A consultation is a service rendered by an MD/DO whose opinion/ advice regarding evaluation and/or management of a specific problem is requested by another MD/DO/other appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the same/subsequent visit. Please refer to Section II.G.1. for details about documentation.	1. Documentation of written, verbal/shared medical records						
NOTES	EXAMPLE ACTIVITIES						
Only one consultation is reported by the consultant. If subsequent to the completion of a consultation, the consultant assumes responsibility for management of a portion/all of the client's condition(s), the appropriate E/M procedure code is used in lieu of 99251. The services of the billing prescriber must be face to face.	An RN sees a client to follow-up on side effects per order of the physician. The client does not see the physician on that day. BILL 99211 –SEE SEPARATE GUIDANCE FOR THIS CODE.						
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	 ☑ Encounter ☐ Day ☐ 15 Minutes ☐ Hour ☐ billing as a time- PROGRAM SERVICE CATEGORY(IES) 						
ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR/HS)	⊠ SP (HE) □ ICM (SK) □ Other SP (TG) □ ACT (HK) □ Residential (SC) □ Respite (SY)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/El (HT)					
STAFF REQUIREMENTS							
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ Unlicensed □ Unlicensed □ HD/PsyD □ LCSW (AJ)/LSW/ □ Licensed □ Unlicensed □ HD/PsyD	(HP) □ QMAP □ LPN/LVN (TE) ☑ F □ RN (TD) □ P ☑ APRN (SA) ☑ F	RxN (SA) A (PA) MD/DO (AF)					
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☒ NF (32) ☒ Outpt Hospital(22) ☐ Home (12) ☐ PRTC (56)	☑ SNF (31)☑ Inpt PF (51)☑ FQHC (50)☑ ER (23)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)					

TREATMENT SERVICES – INPA	ATIENT SERVICES – CONSULTATIONS				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
	Inpatient consultation for a new or established	☑ Medicaid			
99251	patient; the presenting problem(s) are self-limited	☑ OBH			
	or minor				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A consultation is a service rendered by an MD/DO whose	Technical Documentation Requirements				
opinion/ advice regarding evaluation and/or management of	See Page 253				
a specific problem is requested by another MD/DO/other	Condes Content				
appropriate source. An MD/DO consultant may initiate diagnostic and/or therapeutic services at the	Service Content	cords request in			
diagnostic and/or therapeutic services at the same/subsequent visit. Three key components are required:	Documentation of written, verbal/shared medical repatient record:	Lorus request iii			
• Problem-focused history	Request for consultation from attending MD/DO				
Problem-focused examination	2. Reason for consultation				
Straightforward medical decision-making	3. Services and supplies performed/ordered by cons	sultant			
When counseling and/or coordination of care dominates	4. Total length of time of encounter (face-to-face or				
(more than 50%) the MD/DO-patient and/or family encounter	whichever is appropriate)	•			
(face-to-face time on the floor/unit/hospital), time is	5. Counseling and/or activities performed to coordi	nate patient care			
considered the key/controlling factor to qualify for the level	 Where time is significant to encounter, docume 	entation that			
of service.	more than 50% of time spent with patient was	used counseling			
	and coordinating care is required				
	■ Time spent must also be documented (e.g., "15				
	20 minute encounter was used counseling/coo				
	 Copy of written report sent by consultant to refer Formal report/copy of consultant's note 	ring MD/DO			
	 Referring MD/DO's name 				
	 Evidence that referring MD/DO requested both 	n consultation			
	and consultant's opinion				
	 Advice and/or opinion regarding patient's cond 	dition			
	 Results of tests/procedures ordered/performe 	d			
NOTES	EXAMPLE ACTIVITIES				
Only one consultation is reported by the consultant per					
admission. For 99251, the presenting problem(s) are usually					
self-limited/minor. The consultant typically spends 20					
minutes at the patient's bedside. If subsequent to the completion of a consultation, the consultant assumes					
responsibility for management of a portion/all of the patient's					
condition(s), the appropriate E/M procedure code is used in					
lieu of 99251.					
APPLICABLE POPULATION(S)	UNIT DURATION				
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 20 Min				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: 20 Mi	nutes			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	(111)			
		oc (HJ) lubhouse (HB)			
☑ Video Conf (GT) ☐ Group (HQ)	□ Residential (SC) □ ACT (HK) □ R	ecovery (TS)			
☐ Telephone ☑ Family (HR/HS)		rev/EI (HT)			
STAFF REQUIREMENTS					
☐ Peer Specialist ☐ Unlicensed ☐ Unlicensed	ed EdD/	VNI (CA)			
D Rachalar's Loyal (HN) Master's Level (HO) PND/PsyD (F	1D) ((M D	xN (SA) A (PA)			
Intern LCSW (AJ)/LSW/ Licensed	ΕΦΟ/ ΠΑΡΡΝ (SΔ) ΝΙΜ	1D/DO (AF)			
LMF1/ LPC PND/PsyD (A	.H) = 70.00 (37) = 10	,,			
PLACE OF SERVICE (POS)	V leat Haar (24)				
\Box CMHC (53) \Box ACF (13) \Box Hospice (34) \Box Office (11) \Box Cust Care (33) \Box ICF-MR (54)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐ Prison ☐ Inpt PF (51) ☐ Cale				
\square Office (11) \square Cust care (33) \square ICF-MR (54) \square Mobile Unit (15) \square Grp Home (14) \square NF (32)	\square SNF (31) \square ER (23) \square SCNOO				
$\Box \text{ Mobile Giff (13)} \qquad \Box \text{ Gip Fidite (14)} \qquad \Box \text{ Mit (32)}$ $\Box \text{ Outp Hospital(22)} \qquad \Box \text{ Home (12)} \qquad \Box \text{ PRTF (56)}$	□ FQHC (50) □ ER (23) □ Other	POS (99)			

	TREATME	NT SERVICES – INPA	ATIENT SERVICES	CONSULTATION	S		
CPT®/HCPCS PROCED	URE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE	
			Inpatient consul	Itation for a new o	or established	☑ Medicaid	
	99252		patient; the pre	senting problem(s	are of low	☑ OBH	
			severity				
SERVICE DESCRIPTION	l .		MINIMUM DOC	CUMENTATION RE	QUIREMENTS		
A consultation is a s	service rendered by a	n MD/DO whose	Technical Docu	mentation Requir	ements		
opinion/ advice regard	ding evaluation and/or	management of a	See Page 253				
specific problem is	requested by anoth	er MD/DO/other					
appropriate source.	An MD/DO consult	ant may initiate	Service Content	t			
diagnostic and/or	therapeutic serv	vices at the	Documentation	of written, verbal	/shared medical re	ecords request in	
same/subsequent visit		ts are required:	patient record:				
 Expanded proble 	-		•		attending MD/DO		
	m-focused examination		2. Reason for c				
	medical decision-mak	_			ed/ordered by con		
When counseling an			_		ter (face-to-face/f	loor time,	
	the physician-patien			appropriate)			
encounter (face-to-fac			_		erformed to coord	-	
is considered the key/	controlling factor to q	uality for the level			o encounter, docu		
of service.					ent with patient wa	as usea	
					ng care is required	20 minutes of	
					ocumented (e.g., " vas used counselin		
			care")	illiute elicoulitei v	vas useu couriseiiri	ig/coordinating	
			•	ten renort sent hy	consultant to refe	erring MD/DO	
				eport/copy of con		iring wib, bo	
				g MD/DO's name	saltant s note		
					D/DO requested bo	oth consultation	
				sultant's opinion	-,		
					arding the patient'	s condition	
					s ordered/perform		
NOTES			EXAMPLE ACTIV	/ITIES			
Only one consultation	is reported by the con	sultant per	 Initial hospit 	al consultation for	r a 53-year-old ma	le patient,	
admission. For 99252,	the presenting proble	m(s) are usually	previously abstinent alcoholic, who relapsed and was admitted				
of low severity. The co	onsultant typically sper	ds 40 minutes at	for management of gastritis; patient readily accepts the need for				
the patient's bedside.	If subsequent to the co	ompletion of a	further treat	ment.			
consultation, the cons							
management of a port	tion/all of the patient's	condition(s), the					
appropriate E/M proce	edure code is used in li	eu of 99252.					
APPLICABLE POPULAT	rion(s)		UNIT		DURATION		
		Adult (21-64)	区 Encounter	☐ 15 Minutes	Minimum: 40 M		
	<u> </u>	Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 40 M	linutes	
ALLOWED MODE(S) O	F DELIVERY			VICE CATEGORY(II	-		
☑ Face-to-Face	☑ Individual		⊠ SP (HE)			Voc (HJ)	
☑ Video Conf (GT)	☐ Group (HQ)		☐ Other SP (TG)) □ △	CT (HK)	Clubhouse (HB)	
☐ Telephone	☑ Group (HQ)	HS)	☐ Residential (S	^(C) □ □	esnite (SV)	Recovery (TS)	
·		- /	☑ HF (2 nd modif	fier-SUD)		Prev/EI (HT)	
STAFF REQUIREMENT							
☐ Peer Specialist	☐ Unlicensed	Unlicer			PN/LVN (TE)	RxN (SA)	
☐ Bachelor's Level (HI	Master's Level	. , , , ,		1 1 () () () () ()		PA (PA)	
☑ Intern	L LCSW (AJ)/L					MD/DO (AF)	
	LMFT/ LPC	PhD/PsyD	(AH)		· ,	, , ,	
PLACE OF SERVICE (PC		П. И (2.6)		[F]	- (24)		
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04)	☑ Inpt Hos		n/CF (09)	
Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	⊠ SNF (31)	☑ Inpt PF (5	□ Schoo		
☐ Mobile Unit (15)	☐ Grp Home (14)	✓ NF (32)	☐ FQHC (50)	☐ ER (23)	□ Other	POS (99)	
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)		≥ PF-PHP (5	04)		

	TREATMENT	SERVICES – INPA	ATIENT SERVICES	– CONSULTATION:	5			
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE		
			Inpatient consu	Itation for a new o	r established	☑ Medicaid		
	99253		patient; the pre	senting problem(s)	are of	☑ OBH		
			moderate sever	ity				
SERVICE DESCRIPTION			MINIMUM DOC	CUMENTATION REC	QUIREMENTS			
A consultation is a servi	ce rendered by an MD/D	OO whose	Technical Docui	mentation Require	ements			
opinion/ advice regarding			See Page 253					
specific problem is requ								
appropriate source. An	•	initiate	Service Content					
diagnostic and/or thera				of written, verbal/	shared medical re	ecords request in		
same/subsequent visit.	Three key components a	are required:	patient record:					
Detailed history	•			consultation from	attending MD/DC)		
Detailed examinat			2. Reason for c		. d / ad a a d la a a			
	naking of low complexit			supplies performe				
When counseling and/o			_	of time of encount	er (lace-to-lace/l	ioor time,		
(more than 50%) the ph encounter (face-to-face				appropriate) and/or activities pe	rformed to coord	inate nationt care		
time is considered the k			_	ne is significant to		·		
level of service.	ey/controlling factor to	quality for the		n 50% of the time s				
icver or service.				g and coordinating		. was uscu		
				nt must also be doo		10 minutes of the		
				e encounter was us				
				ten report sent by				
				port/copy of consu		0 ,		
			Referring	MD/DO's name				
			■ Evidence	that referring phys	ician requested b	oth consultation		
			and consu	ıltant's opinion				
			Advice an	d/or opinion regar	ding patient's cor	dition		
				tests/procedures	ordered/perform	ed		
NOTES			EXAMPLE ACTIV	/ITIES				
Only one consultation is								
admission. For 99253, tl								
of moderate severity. The								
minutes at the patient's								
completion of a consult								
responsibility for manage condition(s), the approp								
lieu of 99253.	mate E/M procedure co	ue is useu iii						
APPLICABLE POPULATION	ON(S)		UNIT		DURATION			
☑ Child (0-11)		dult (21-64)		☐ 15 Minutes	Minimum: 55 M	linutes		
⊠ Adol (12-17)	_	eriatric (65+)	☐ Day	☐ 1 Hour	Maximum: 55 M			
ALLOWED MODE(S) OF		criative (65×)	· · · · · · · · · · · · · · · · · · ·	VICE CATEGORY(IE				
			⊠ SP (HE)	•	Г	□ Voc (HJ)		
▼ Face-to-Face			☐ Other SP (TG) □ ICN	/I (SK) _	☐ Clubhouse (HB)		
☑ Video Conf (GT)	☐ Group (HQ)		☐ Residential (S	SC) LI AC	I (HK)	☐ Recovery (TS)		
☐ Telephone		·)	☑ HF (2 nd modif		CHITAINI	☐ Prev/El (HT)		
STAFF REQUIREMENTS								
☐ Peer Specialist	☐ Unlicensed	☐ Unlicens	sed EdD/		.PN/LVN (TE) [□ RxN (SA)		
☐ Bachelor's Level (HN)	Master's Level (HO)	PhD/PsyD ((HP)	ΙΙΜΜΔΡ	, , ,	⊒ PA (PA)		
✓ Intern	☐ LCSW (AJ)/LSW/	☐ Licensed	EdD/ PhD/PsyD		• •	☑ MD/DO (AF)		
	LMFT/ LPC	(AH)			(3/1)	v.b, bo (Al)		
PLACE OF SERVICE (POS			,		(2.1)			
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)		4) 🗵 Inpt H		ison/CF (09)		
Office (11)	☐ Cust Care (33)	☐ ICF-MR (54)	☑ SNF (31)	inpt PF	(51) \square sc	hool (03)		
☐ Mobile Unit (15)	☐ Grp Home (14)	⊠ NF (32)	☐ FQHC (50	□ ER (23)	ПО	ther POS (99)		
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)		'' ⊠ PF-PHF	(32)			

	TREATMENT	SERVICES – INPA	ATIENT SERV	ICES – CONSULTA	TION	5		
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE					
			Inpatient consultation for a new or established					
	99254		patient; the	e presenting prob	lem(s	are of	☑ OBH	
			moderate t	o high severity.				
SERVICE DESCRIPTION			MINIMUM	DOCUMENTATIO	ON RE	QUIREMENTS		
A consultation is a serv	vice rendered by an I	MD/DO whose	Technical D	Ocumentation R	equire	ements		
opinion/ advice regarding			See Page 2	53				
specific problem is re								
appropriate source. Ar	Service Co							
=	therapeutic service				erbal/	shared medical	records request in	
same/subsequent visit. T		are required:	patient rec	oru: t for consultation	from	attanding MD/F	10	
 Comprehensive hist comprehensive example 	-		-	for consultation	110111	attending MD/L	00	
Medical decision-makes		nnlevitu		and supplies per	rforme	nd/ordered by co	oncultant	
When counseling and/o				ngth of time of er				
(more than 50%) the				ver is appropriate		ici (idee to idee	,, 11001 tillie,	
encounter (face-to-face						rformed to coo	rdinate patient care	
is considered the key/con				re time is significa				
of service.	0 1	,		than 50% of the				
			coun	seling and coordi	nating	care is required	I	
			■ Time	spent must also I	be doo	umented (e.g.,	"50 minutes of the	
							coordinating care")	
				written report se			ferring MD/DO	
				al report/copy of		ltant's note		
				ring MD/DO's na				
				ence that referring	_	DO requested b	oth consultation	
				consultant's opinice and/or opinion		ding patient's co	andition	
				ts of tests/proced	_			
NOTES			EXAMPLE A	•	aures	oracica, periori	nea	
Only one consultation is	reported by the consul	tant per			on for	a 27-vear-old fe	emale patient with	
admission. For 99254, the			a diffusely positive medical review of systems and a history of					
of moderate to high seve			multiple surgeries.					
80 minutes at the patient	t's bedside. If subseque	ent to the						
completion of a consulta	tion, the consultant ass	sumes						
responsibility for manage								
condition(s), the appropr	iate E/M procedure co	de is used in						
lieu of 99254.								
APPLICABLE POPULATIO	•		UNIT			DURATION		
☑ Child (0-11)	-	dult (21-64)	⊠ Encount		ıtes	Minimum: 80		
☑ Adol (12-17) ALLOWED MODE(S) OF D		eriatric (65+)	☐ Day	☐ 1 Hour SERVICE CATEGO	DV/IE	Maximum: 80	Minutes	
	PLLIVLIKI		✓ SP (HE)	SERVICE CATEGO)	3)	□ Voc (HJ)	
	Individual □		☐ Other SF	(TG)		CM (SK)	☐ Clubhouse (HB)	
☑ Video Conf (GT)	☐ Group (HQ)		☐ Resident			ACT (HK)	☐ Recovery (TS)	
☐ Telephone	☑ Family (HR/HS)			nodifier-SUD)	Ш	Respite (SY)	□ Prev/EI (HT)	
STAFF REQUIREMENTS				·				
☐ Peer Specialist	□ Unlicensed	□ Unlicensed	EdD/			DNI/I.\/NI /TE\	□ RxN (SA)	
☐ Bachelor's Level (HN)	Master's Level (HO)	PhD/PsyD (HP))	☐ QMAP			□ RXIN (SA) □ PA (PA)	
☑ Intern	☐ LCSW (AJ)/LSW/	☐ Licensed EdI	D/ PhD/PsyD				☑ MD/DO (AF)	
	LMFT/ LPC	(AH)				(3/1)	, 50 (/11 /	
PLACE OF SERVICE (POS)		_						
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (3		☐ Shelter (04)		pt Hosp (21)	☐ Prison/CF (09)	
Office (11)	☐ Cust Care (33)	☐ ICF-MR (54	+)	⊠ SNF (31)		pt PF (51)	☐ School (03)	
☐ Mobile Unit (15)	☐ Grp Home (14)	⊠ NF (32)		☐ FQHC (50)		R (23)	☐ Other POS (99)	
□Outp Hospital(22)	☐ Home (12)	☐ PRTF (56)			스 인	-PHP (52)		

	TREATMENT SERVICES – INPATIENT SERVICES – CONSULTATIONS								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDUR	E CODE DESCRIP	TION		USAGE		
			Inpatient co	onsultation for a	new o	r established	☑ Medicaid		
	99255		patient; the	e presenting prob	olem(s	are of	☑ OBH		
				o high severity.					
SERVICE DESCRIPTION			MINIMUM	DOCUMENTATION	ON RE	QUIREMENTS			
A consultation is a ser	· ·		Technical D	Ocumentation R	equire	ements			
opinion/ advice regardi	-	-	See Page 2						
a specific problem is i			Service Cor						
appropriate source. A			tion of written, ve	rbal/sh	nared medical re	cords request in			
diagnostic and/or	therapeutic servic		patient reco			tanding MD/DO			
same/subsequent visit.		s are required:		for consultation f for consultation	roiii at	tending MD/DO			
Comprehensive his	-			and supplies perf	ormed	ordered by cons	sultant		
Comprehensive ex Modical desision r	amination naking of high comple	wit.					oor time, whichever		
When counseling and		-	is appro			•			
(more than 50%) th			 Counsel 	ing and/or activiti	es perf	ormed to coordi	nate patient care		
encounter (face-to-fac							entation that more		
time is considered the				•		th patient was u	sed counseling and		
the level of service.		. to qua, .o.		linating care is rec	•				
				spent must also b te encounter was			5 minutes of the 110		
				written report ser		-	- '		
				al report/copy of			11116 1112/20		
				ring MD/DO's nan					
						O requested botl	n consultation and		
Not a Covered Benefit Under Medicare				consultant's opinion Advice and/or opinion regarding patient's condition					
NOTES			■ Resul	ts of tests/proced	ures or	dered/performe	<u>d</u>		
	ranartad bu tha cana	ultant nar			on for	a 27 year old fe	amala nationt with		
Only one consultation is admission. For 99255, t		•		ely positive medi		-	emale patient with		
of moderate to high sev					carrev	iew or systems	and a mistory of		
110 minutes at the patie			multiple surgeries.						
hospital floor or unit. If									
consultation, the consu		-							
management of a portion		•							
the appropriate E/M pro									
APPLICABLE POPULATION	ON(S)		UNIT			DURATION			
						Minimum: N/A	A		
		Adult (21-64)			utes	Maximum: N/			
☑ Adol (12-17)	Adult (18-20)	Geriatric (65+)	☐ Day	☐ 1 Hour			typical times for		
						billing as a tim	e bases code		
ALLOWED MODE(S) OF	DELIVERY			SERVICE CATEGO	ORY(IE	S)	□\/aa/!!!\		
☑ Face-to-Face	☑ Individual		区 SP (HE) ☐ Other SF) (TC)		CM (SK)	☐ Voc (HJ)☐ Clubhouse (HB)		
☑ Video Conf (GT)	☐ Group (HQ)		☐ Resident	• •		ACT (HK)	☐ Recovery (TS)		
☐ Telephone	☑ Family (HR/HS)			nodifier-SUD)		Respite (SY)	☐ Prev/EI (HT)		
STAFF REQUIREMENTS									
□ Doon Crossic list	□ Unlicensed	☐ Unlicensed I	EdD/			.PN/LVN (TE)	VDN. (CA)		
☐ Peer Specialist☐ Bachelor's Level (HN)	Master's Level (HO)	PhD/PsyD (HP)		☐ QMAP			⊠RxN (SA) ⊠PA (PA)		
✓ Intern	☐ LCSW (AJ)/LSW/	☐ Licensed Ed[D/ PhD/PsyD				⊠ MD/DO (AF)		
	LMFT/ LPC	(AH)			ΔA	(374)	L IVID/DO (AF)		
PLACE OF SERVICE (POS			->						
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (3		☐ Shelter (04)		pt Hosp (21)	☐ Prison/CF (09)		
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (54	!)	⊠ SNF (31)		pt PF (51)	☐ School (03)		
☐ Mobile Unit (15) ☐Outpt Hospital(22)	☐ Grp Home (14) ☐ Home (12)	☑ NF (32) □ PRTF (56)		☐ FQHC (50)		R (23) PHP (52)	☐ Other POS (99)		

CPT®/HCPCS PROCEDURE	CODE		PROCEDU	RE CODE DESCRIP	TION		USAGE
99281 requires problem for	cused history, problem	n focused	Emergenc	y Department Serv	ices.		☑ Medicaid
examination straight forwa	rd medical decision ma	aking					☑ OBH
00202							
99282 requires expanded p problem focused examination							
decision making	ion low complexity me	ulcai					
decision making							
99283 requires expanded p	roblem focused histor	y, expanded					
problem focused examinati	ion moderate complex	ity medical					
decision making							
99284 requires detailed his	story detailed evamin	ation					
moderate complexity medi		ation					
moderate complexity mean	car accision making						
99285 requires comprehen	sive history, comprehe	ensive					
examination high complexi	ty medical decision ma	aking.					
SERVICE DESCRIPTION				1 DOCUMENTATIO			
These codes are used for fa			Please ref	er to Section II.G.1	. for detai	ls about doc	umentation.
emergency department for		•					
of an individual with preser	nting problem(s) of var	rying					
severity. No distinction is made bety	woon now and ostablish	had cliants in					
the emergency department		neu chents in					
NOTES	u		EXAMPLE	ACTIVITIES			
APPLICABLE POPULATION((S)		UNIT			DURATION	
□ Child (0-11) □ Yo	ung Adult 🗵 Adı	ult (21-64)	区 Encoun	ter 🗆 1	5 min	See chart f	or typical times for
☑ Adol (12-17) (18-2		riatric (65+)	☐ Day		Hour	billing as a	time-based code
ALLOWED MODE(S) OF DE	LIVERY			1 SERVICE CATEGO	RY(IES)		
☑ Face-to-Face	☑ Individual		⊠ SP (HE)		□ ICM		☐ Voc (HJ)
☑ Video Conf (GT)	☐ Group (HQ)		☐ Other S			F (111Z)	☐ Clubhouse (HB)
☐ Telephone	☑ Family (HR/HS)		☐ Resider			nita (SV)	☐ Recovery (TS)
-			⊠ HF (2 nd	modifier-SUD)			☐ Prev/EI (HT)
STAFF REQUIREMENTS	☐ Unlicensed		licensed				
☐ Peer Specialist	Master's Level (hD/PsyD (H	P) 🗆 QMAP	1	N/LVN (TE)	, ,
☐ Bachelor's Level (HN)	□ LCSW (AJ)/LS		ensed EdD/	ii) Li QiviAi	⊔RN	I (TD)	⊠PA (PA)
☑ Intern	LMFT/ LPC		syD (AH)		⊠AP	RN (SA)	☑ MD/DO (AF)
PLACE OF SERVICE (POS)	•	•	, , ,				
☐ CMHC (53)	☐ ACF (13)	☐ Hospice (34)	☐ Shelter (04)	□Inpt H		☐ Prison/CF (09)
☐ Office (11)	☐ Cust Care (33)	☐ ICF-MR (5	54)	☐ SNF (31)	☐ Inpt P		☐ School (03)
☐ Mobile Unit (15)	☐ Grp Home (14)	☐ NF (32)		☐ 5NF (31) ☐FQHC (50)	≥ ER (23	3)	☐ Other POS (99)
□Outpt Hospital(22)	☐ Home (12)	☐ PRTF (56)			☐ PF-PH	P (52)	

EVALUATIO	N AND MANA	GEMENT -	NURSING F	ACILITY SE	RVICES – INITIAL N	IURSING F	ACILITY SERV	/ICES
CPT®/HCPCS PROCEDUR	E CODE			PROCEDU	RE CODE DESCRIP	TION		USAGE
99304 requires detailed or comprehensive history, detailed or comprehensive examination straight forward or low complexity medical decision making, Typical time is 25 minutes			low	Initial Nur	sing Facility Servic	es		☑ Medicaid ☑ OBH
99305 requires comprehe examination moderate of Typical time is 35 minute	omplexity med	•						
99306 requires comprehe examination high comple Typical time is 45 minute	exity medical d	•						
SERVICE DESCRIPTION				MINIMUN	I DOCUMENTATION	ON REQUI	REMENTS	
These codes are used for facilities, Intermediate Caracilities for the evaluation individual with presenting	are Facilities, or on and manage	Long Term ment of an	Care	Please re	fer to Section II.G.	1. for deta	ils about doc	umentation.
NOTES				EXAMPLE	ACTIVITIES			
APPLICABLE POPULATIO				UNIT			DURATION	
	oung Adult	⊠ Adult (⊠ Encour		Minutes		or typical times for
☑ Adol (12-17) (18-2	,	⊠ Geriati	ric (65+)	☐ Day	☐ 1 H		billing as a	time-based code
ALLOWED MODE(S) OF D	PELIVERY				A SERVICE CATEGO	JKY(IES)		
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual☐ Group (HQ)☑ Family (HR)			SP (HE) Other S Resider HF (2 nd)	SP (TG)	□ ICN □ AC □ Res	/I (SK) T (HK) snite (SV)	□ Voc (HJ) □ Clubhouse (HB) □ Recovery (TS) □ Prev/El (HT)
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ Unlicen Master's L □ LCSW (A LMFT/ LPC	evel (HO) AJ)/LSW/	☐ Unlice PhD/Psy ☐ Licens PhD/Psyl	ed EdD/	□ ОМАР	□ LPN □ RN ⊠APR	(TD)	⊠RxN (SA) ⊠PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)								
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care ☐ Grp Home ☐ Home (12	(14)	☐ Hospice ☐ ICF-MR (☑ NF (32) ☐ PRTF (56	(54)	☐ Shelter (04) ☑ SNF (31) ☐ FQHC (50)	☐ Inpt ☐ ER (2		☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)

EVALUATION AND MANAGEMENT - NURSING FACILITY SERVICES - SUBSEQUENT NURSING FACILITY SERVICES									
CPT®/HCPCS PROCEDURE	E CODE		PF	ROCEDURE COL	DE DESCR	RIPTION			USAGE
99307 requires problem f focused examination, stra making, Typical time 10 n	aight forward me ninutes	edical decision		bsequent Nurs	sing Facili	ty			☑ Medicaid ☑ OBH
99308 requires expanded expanded problem focuse medical decision making,	ed examination,	low complexity							
99309 requires detailed in examination moderate of Typical time is 25 minutes	omplexity medic		5,						
99310 requires comp into examination high comple Typical time is 35 minutes	xity medical dec								
SERVICE DESCRIPTION				INIMUM DOCU					
These codes are used for face to face services in nursing facilities, Intermediate Care Facilities, or Long Term Care Facilities for the evaluation and management of an individual with presenting problem(s) of varying severity. All levels of subsequent nursing facility care include reviewing the medical record and reviewing the results of			Pli	ease refer to Se	ection II.C	6.1. for deta	ils about do	ocumei	ntation.
diagnostic studies and changes in history, physic management) since the la other qualified health are	cal condition, and	response to							
NOTES	proressionan		EX	AMPLE ACTIVI	ITIES				
APPLICABLE POPULATION	N(S)		UI	VIT			DURATIO	N	
⊠ Adol (12-17) (18-2	•	☑ Adult (21-64)☑ Geriatric (65+)		Encounter Day	□1H				oical times for based code
ALLOWED MODE(S) OF D	DELIVERY			ROGRAM SERV	ICE CATE	GORY(IES)		11//	111
☑ Face-to-Face ☑ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/H	S)		SP (HE) Other SP (TG) Residential (SC HF (2 nd modifi		□ ICM (SK □ ACT (HR □ Respite	() (SV)		ouse (HB) ery (TS)
STAFF REQUIREMENTS			_						
☐ Peer Specialist☐ Bachelor's Level (HN)☐ Intern	□ Unlice Level (HO □LCSW (A LMFT/ LP) AJ)/LSW/	PhD/Ps □ Licer	censed EdD/ syD (HP) nsed EdD/ yD (AH)	□ QI	VIAP 🔲 I	.PN/LVN (T RN (TD) .PRN (SA)	[☑RxN (SA) ☑PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)									
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outpt Hospital(22)	☐ ACF (13) ☐ Cust Care (3 ☐ Grp Home (☐ Home (12)		ЛR (54) 32)	I I Sheite	31)	□Inpt Ho □ Inpt PF □ ER (23) □ PF-PHP	(51)		Prison/CF (09) school (03) Other POS (99)

EVALUATION	AND MANAGEM	IENT – NURSING FA	CILITY SERVIC	CES - NU	RSING FA	CILITY D	ISCHARGE S	SERVIC	ES
CPT®/HCPCS PROCEDUR	E CODE		PROCEDUR	E CODE I	DESCRIPTION	ON			USAGE
99315 nursing facility dis	scharge day mana	igement; 30							☑ Medicaid
minutes or less									✓ OBH
			Nursing Fac	cility disc	harge serv	ices			
99316 nursing facility dis	scharge day mana	igement; more							
than 30 minutes									
SERVICE DESCRIPTION			MINIMUM	DOCUM	ENTATION	REQUI	REMENTS		
Used to report total dura	•								
other qualified health ca	re professional fo	or the final nursing							
facility discharge of a clie									
final examination of the									
facility stay even if the ti									
continuous. Instructions	-	-							
relevant care givers, the		scharge records,							
prescriptions and referra	ıl forms.								
NOTES			EXAMPLE A	ACTIVITIE	S				
	(-)								
APPLICABLE POPULATIO			UNIT				DURATION		
	oung Adult	☑ Adult (21-64)	Encounter Encount		□ 15 Minι	ıtes			ical times for
☑ Adol (12-17) (18-2		☑ Geriatric (65+)	☐ Day		☐ 1 Hour		billing as a	time-	based code
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM	SERVICE	CATEGOR	Y(IES)			
☑ Face-to-Face	☑ Individual		⊠ SP (HE)				۱ (SK)		c (HJ)
☑ Video Conf (GT)	☐ Group (HQ)		☐ Other SP			□ AC			ubhouse (HB)
☐ Telephone		IS)	Resident				spite (SY)		covery (TS)
·	, , ,	•	⊠ HF (2 nd n	nodifier-S	SUD)		. , ,	⊔ Pre	ev/EI (HT)
STAFF REQUIREMENTS		124							
☐ Peer Specialist			☐ Unlicensed	•		☐ LP	N/LVN (TE)		⊠RxN (SA)
☐ Bachelor's Level (HN)	Level (HO		PhD/PsyD (HP		☐ QMAP	□ RN	N (TD)		⊠PA (PA)
☑ Intern			☐ Licensed Ed			⊠AP	RN (SA)		☑ MD/DO (AF)
DI ACE OF CEDVICE (DOC)	LPC	<u> </u>	PhD/PsyD (AH	1)					
PLACE OF SERVICE (POS)		- Usenia	2 (24)			□lnnt	Hosp (21)		
☐ CMHC (53)	☐ ACF (13)	☐ Hospice B) ☐ ICF-MR		☐ Shelt	er (04)	□ Inpt	Hosp (21)	□ P	rison/CF (09)
□ Office (11) □ Mobile Unit (15)	☐ Cust Care (33☐ Grp Home (1			SNF (31)	□ Inpt		\square S	chool (03)
□ Mobile Offit (15) □Outpt Hospital(22)	☐ Home (12)	4)		☐ FQHC	(50)		²³⁾ HP (52)		ther POS (99)
	□ 110111€ (12)	□ FRIF (3	,0,			□ F1-F	111 (32)		

OUTPATIENT EVALUATION AND MANAGEMENT SERVICES —OTHER NURSING FACILITY SERVICES							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE	CODE DESCRIPT	ION		USAGE
'	nterval history, comprehens derate complexity medical d 30 minutes		Annual Nursing Facility Assessment			☑ Medicaid ☑ OBH	
SERVICE DESCRIPTION			MINIMUM	DOCUMENTATIO	N REQUIREN	IENTS	
This is an annual Nursin	g Facility Assessment.		Please refe	to Section II.G.1	. for details a	bout doc	cumentation.
NOTES	-		EXAMPLE A	CTIVITIES			
APPLICABLE POPULATION	ON(S)		UNIT			DURAT	ION
	oung Adult Adult (2 Geriatri		区 Encounte		5 Minutes Hour		ort for typical times ng as a time-based
ALLOWED MODE(S) OF	DELIVERY		PROGRAM S	SERVICE CATEGO	RY(IES)		
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		SP (HE) Other SP Residenti HF (2 nd m		□ ICM (S □ ACT (H □ Respite	K) K) - (SY)	☐ Voc (HJ) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/EI (HT)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ Unlicensed Master's Level (HO) ☐ LCSW (AJ)/LSW/ LMFT/ LPC	PhD/F □ Lice	licensed EdD/ PsyD (HP) ensed EdD/ PsyD (AH)	□ QMAP	□ LPN/ □ RN (⊠APRN	,	⊠RxN (SA) ⊠PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS	5)						
☐ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)	☐ Hospi ☐ ICF-W ☑ NF (3 ☐ PRTF	1R (54) 2)	☐ Shelter (04) ☑ SNF (31) ☐ FQHC (50)	□Inpt Hos □ Inpt PF (□ ER (23) □ PF-PHP	(51)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)

EVALUATION AND MANAGEMENT SERVICES – DOM	IICILIARY, REST HOME, CUSTODIAL CARE SERV	ICES
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE
New Patient	Domiciliary, rest home, custodial care	☑ Medicaid
99324 requires problem focused history, problem focused	services	☑ OBH
examination straight forward medical decision making, Typical		
time 20 minutes		
99325 requires expanded problem focused history, expanded		
problem focused examination low complexity medical decision		
making Typical time 30 minutes		
99326 requires detailed history, detailed examination moderate		
complexity medical decision making, Typical time 45 minutes		
99327 requires comprehensive history, comprehensive		
examination moderate complexity medical decision making,		
Typical time 60 minutes		
99328 requires comprehensive history, comprehensive		
examination high complexity medical decision making, Typical		
time 75 minutes		
Established patient		
99334 requires problem focused interval history, problem		
focused examination straight forward medical decision making,		
Typical time 15 minutes		
99335 requires expanded problem focused interval history,		
expanded problem focused examination low complexity medical		
decision making Typical time 25 minutes		
99336 requires detailed interval history, detailed examination		
moderate complexity medical decision making, Typical time 40		
minutes		
99337 requires comprehensive interval history, comprehensive		
examination moderate to high complexity medical decision		
making, Typical time 60 minutes		
U, 7,		
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMEN	TS
These codes are used to report E/M services in a facility which	Please refer to Section II.G.1. for details about	
provides room, board and other personal assistance services,		
generally on a long term basis. They are also used to report E/M		
services in an assisted living facility. The facility services do not		
include a medical component.		
NOTES	EXAMPLE ACTIVITIES	
APPLICABLE POPULATION(S)	UNIT DURATION	
☑ Child (0-11) ☑ Young Adult (18- ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes See chart f	or typical times for
☑ Adol (12-17) 20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour billing as a	time-based code
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	
☑ Face-to-Face	☑ SP (HE) ☐ ICM (SK)	☐ Voc (HJ)
☑ Video Conf (GT) ☐ Group (HQ)	☐ Other SP (TG) ☐ ACT (HK)	☐ Clubhouse (HB)
☐ Telephone ☐ Family (HR/HS)	I I I Residential (SC)	☐ Recovery (TS)
□ Telephone	 ☑ Respite (SY) ☑ HF (2nd modifier-SUD) 	☐ Prev/EI (HT)
STAFF REQUIREMENTS		
☐ Peer Specialist ☐ Unlicensed ☐ Unlicensed ☐ Unlicensed		⊠RxN (SA)
Master's Level (HO) PhD/PsyD (HD) PhD/PsyD (HD)	1D) ((⊒πλιτ (3/1) ⊠PA (PA)
□ LCSW (AJ)/LSW/ □ Licensed	EαD/ ΣΑΡΡΝ (SΔ)	⊠rA (rA) ⊠ MD/DO (AF)
LIVIFT/ LPC PND/PSYD (A	AH)	vib/ 50 (Al /
PLACE OF SERVICE (POS)		
☐ CMHC (53) ☐ Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp (21)	☐ Prison/CF (09)
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	□ SNF (31) □ Inpt PF (51)	☐ School (03)
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)	□ EOHC (50) □ ER (23)	☐ Other POS (99)
\square Outp Hospital(22) \square Home (12) \square PRTF (56)	☐ PF-PHP (52)	()

EVALUATION AND MANAGEMENT — HOME						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DE	SCRIPTION		USAGE
New Patient 99341 requires problem for examination straight forwitime 20 minutes 99342 requires expanded problem focused examination grapical time 30 m 99343 requires detailed complexity medical decis 99344 requires comprehe examination moderate of typical time 60 minutes 99345 requires comprehe examination high completime 75 minutes Established patient 99347 requires problem focused examination strain average time 15 minutes 99348 requires expanded expanded problem focused examination making average 99349 requires detailed moderate complexity medical minutes 99350 requires comprehe examination moderate to making, average time 60 SERVICE DESCRIPTION	focused history, problem ward medical decision may all problem focused history ation low complexity medinutes history, detailed examination making, Typical time ensive history, comprehensive history, comprehensive history, comprehensive history, comprehensive history, comprehensive history, comprehensive history, comprehensity medical decision may focused interval history, ight forward medical decision focused interval history, detailed dical decision making, aversive interval history, con high complexity medical	a focused aking, Typical y, expanded dical decision ation moderate 45 minutes ensive fon making, ensive aking, Typical problem cision making, al history, plexity medical examination yerage time 40 comprehensive				☑ Medicaid ☑ OBH
These codes are used for		-	Please refer to Section	n II.G.1. for	details abou	t documentation.
evaluation and managem problem(s) of varying sev		presenting				
NOTES	crity.		EXAMPLE ACTIVITIES			
APPLICABLE POPULATIO	N(S)		UNIT		DURATION	İ
☑ Child (0-11) ☑ You	oung Adult 🗵 Adul	t (21-64)	☑ Encounter ☐ 15	5 Minutes	See chart f	or typical times for
☑ Adol (12-17) (18-2	,	atric (65+)	,	Hour		time-based code
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERVICE C	ATEGORY(I	ES)	D . (111)
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		☑ SP (HE) ☐ Other SP (TG) ☐ Residential (SC) ☑ HF (2 nd modifier-SU	□ ICN □ AC ⁻ □ Res	T (HK)	☐ Voc (HJ) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/EI (HT)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ Unlicensed Master's Level (HO) □LCSW (AJ)/LSW/ LMFT/ LPC	☐ Unlicensed PhD/PsyD (HF ☐ Licensed Ed PhD/PsyD (AF	P) □ QMAP dD/	□ LPN □ RN ⊠APR		⊠RxN (SA) ⊠PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)						
□ CMHC (53) □ Office (11) □ Mobile Unit (15) □Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50)	□Inpt F □ Inpt P □ ER (23 □ PF-PH	3)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)

TREATMENT SERVICES — OTHER PROFES	SIONAL SERVICES – MEDICAL TEAM CONFERENCE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
	Medical team conference with interdisciplinary ☑ Medicaid					
99366	team, face-to-face with patient and/or family, 30					
33300	minutes or more, participation by a non-physician					
	qualified health care professional					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Face-to-face participation by a minimum of 3 MHPs from	Technical Documentation Requirements					
different specialties/disciplines, each of whom provide direct	See Page 253					
care to the client, with the client and/or family member(s),	Service Content	a tha tatan dad				
community agencies, surrogate decision maker(s) (e.g., legal	1. The reason for the team conference. What wa					
guardians and/or care givers). MHP participants are actively involved in the development, revision, coordination, and	goal or agenda? How does the service relate to plan?	Tile treatment				
implementation of the BH treatment services provided to	2. Description of the service provided. Participat	ion in team				
the client.	conference	ion in team				
the cheft.	Summary of contributed information and treat	tment				
*Not to be used for supervision	recommendations					
	4. Plan for next contact(s) including any follow-u	p or coordination				
	needed with 3 rd parties	1				
NOTES	EXAMPLE ACTIVITIES					
Reporting/billing MHP participants have rendered face-to-						
face evaluation(s)/treatment(s) to the client, independent of						
any team conference, within the previous 60 days. The team						
conference starts at the beginning of a case review and ends						
at the conclusion of the review. Time related to record						
keeping and generating a report is not reported/billed. The						
reporting MHP participant is present for all time reported.						
Team conferences of less than 30 minutes duration are not						
reported. Team conference services by a physician with the client and/or family present are reported with an						
appropriate E/M procedure code. No more than one						
individual from the same specialty may report 99366 at the						
same encounter.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: 30 Mi	inutes +				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
	SP (HE) ☐ ICM (SK)	Voc (HJ)				
✓ Individual ✓ Individual ✓ Individual ✓ Individual	☐ Other SP (TG) ☐ ACT (HK) ☐	Clubhouse (HB)				
☐ Telephone ☐ Family/collateral (HR/HS)	Respite (SV)	Recovery (TS)				
	☑ HF (2 nd modifier-SUD) ☐ Respite (517) ☐	Prev/EI (HT)				
STAFF REQUIREMENTS						
☑ Unlicensed ☑ Unlicensed ☑ Unlicensed ☑ Unlicensed	X PN/ VN E X	RxN (SA)				
Bachelor's Level (HN) Waster's Level (HO) PND/PSYD (F	1P) LI QIMAP RN (TD) R	PA (PA)				
Intern I LCSW (AJ)/ LSW/ I Licensed I	ECD/ × APRN (SA) □	MD/DO (AF)				
LMFT/ LPC PhD/PsyD (A	un)					
PLACE OF SERVICE (POS) ☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34)	☐ Inpt Hosp (21)					
\boxtimes CMHC (33) \boxtimes Hospite (34) \boxtimes Office (11) \boxtimes Cust Care (33) \boxtimes ICF-MR (54)	△ Shelter (04) ☐ Innt PF (51)	Prison/CF (09)				
	⊠ SNF (31) □ ER (23)	School (03)				
☐ Outn Hospital(22)	☑ FQHC (50) ☐ ER (23) ☑	Other POS (99)				

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – MEDICAL TEAM CONFERENCE				
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE		
2005	Medical team conference with interdisciplinary	✓ Medicaid		
99367	team, patient and/or family not present, 30	☑ OBH		
SERVICE DESCRIPTION	minutes or more, participation by physician MINIMUM DOCUMENTATION REQUIREMENTS			
Face-to-face participation by a minimum of 3 MHPs,	Technical Documentation Requirements			
including a Psychiatrist, from different	See Page 253			
specialties/disciplines, each of whom provide direct care to	Service Content			
the client, without the client and/or family member(s),	The reason for the team conference. What wa	s the intended		
community agencies, surrogate decision maker(s) (e.g., legal	goal or agenda? How does the service relate to	the treatment		
guardians and/or care givers). The MHP participants are	plan?			
actively involved in the development, revision, coordination,	2. Description of the service provided. Participat	ion in team		
and implementation of the BH treatment services provided	conference			
to the client.	3. Summary of contributed information and treat	ment		
	recommendations			
*This is not to be used for supervision	4. Plan for next contact(s) including any follow-up	o or coordination		
	needed with 3 rd parties			
This code is for physician/prescriber services only. All others				
use 99366 or 99368 as applicable.				
NOTES	EXAMPLE ACTIVITIES			
Reporting/billing MHP participants have rendered face-to-				
face evaluation(s)/treatment(s) to the client, independent of				
any team conference, within the previous 60 days. The team				
conference starts at the beginning of a case review and ends at the conclusion of the review. Time related to record				
keeping and generating a report is not reported/billed. The				
reporting MHP participant is present for all time reported.				
Team conferences of less than 30 minutes duration are not				
reported. Team conference services by a physician with the				
client and/or family present are reported with an				
appropriate E/M procedure code. No more than one				
individual from the same specialty may report 99366 at the				
same encounter.				
APPLICABLE POPULATION(S)	UNIT DURATION			
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter ☐ 15 Minutes	nutes +		
	□ Day □ 1 Hour Maximum: PROGRAM SERVICE CATEGORY(IES)			
· ·	⊠ SP (HF) □ V	oc (HJ)		
☑ Face-to-Face ☐ Individual	□ Other SP (TG) □ ICM (SK) □ C	lubhouse (HB)		
☑Video Conf (GT) ☐ Group (HQ)	□ Residential (SC) □ ACT (HK) □ R	ecovery (TS)		
☐ Telephone ☐ Family (HR/HS)		rev/EI (HT)		
STAFF REQUIREMENTS	(- , ,		
☑ Unlicensed ☑ Unlicens	sed EdD/	N. (CA)		
Mactor's Loyal (HO) PhD/PsyD	(HP)	N (SA)		
☑ Bachelor's Level (HN) ☑ LCSW (AJ)/LSW/ ☑ Licensed	(H) ☐ QMAP ☑ RN (TD) ☑ PA I EdD/ ☑ APRN (SA) ☑ MI	D/DO (AF)		
LMFT/ LPC PhD/PsyD ((AH)	D/DO (AF)		
PLACE OF SERVICE (POS)				
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34)		rison/CF (09)		
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54)	☑ SNF (31) ☐ Inpt PF (51) ☑ S	chool (03)		
□ Mobile Unit (15) □ Grp Home (14) □ NF (32) □ Outp Hospital(22) □ Home (12) □ PRTF (56)	1 FR 121	ther POS (99)		

TREATMENT SERVICES — OTHER PROFES	SIONAL SERVICES – MEDICAL TEAM CO	NFERENCE			
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION		USAGE		
	Medical team conference with interdi		☑ Medicaid		
99368	patient and/or family not present, 30 minutes or				
	more, participation by non-physician o	qualified health			
SERVICE DESCRIPTION	care professional MINIMUM DOCUMENTATION REQUI	DEMENTS			
Face-to-face participation by a minimum of 3 MHPs from	Technical Documentation Requireme				
different specialties/disciplines, each of whom provide direct	See Page 253	iits			
care to the client, with the client and/or family member(s),	Service Content				
community agencies, surrogate decision maker(s) (e.g., legal	The reason for the team conference	ence. What was th	e intended		
guardians and/or care givers). MHP participants are actively	goal or agenda? How does the s	ervice relate to the	e treatment		
involved in the development, revision, coordination, and	plan?				
implementation of the BH treatment services provided to	2. Description of the service provice	led. Participation	in team		
the client.	conference				
	3. Summary of contributed information	ation and treatme	nt		
*This is not to be used for supervision	recommendations	a anu fallauu un am	coordination		
	 Plan for next contact(s) including needed with 3rd parties 	g arry rollow-up or	Coordination		
NOTES	EXAMPLE ACTIVITIES				
Reporting/billing MHP participants have rendered face-to-	EXAMPLE MOTIVITIES				
face evaluation(s)/treatment(s) to the client, independent of					
any team conference, within the previous 60 days. The team					
conference starts at the beginning of a case review and ends					
at the conclusion of the review. Time related to record					
keeping and generating a report is not reported/billed. The					
reporting MHP participant is present for all time reported.					
Team conferences of less than 30 minutes duration are not reported. Team conference services by a physician with the					
client and/or family present are reported with an					
appropriate E/M procedure code. No more than one					
individual from the same specialty may report 99366 at the					
same encounter.					
APPLICABLE POPULATION(S)	UNIT	DURATION			
⊠ Adult (21-					
☑ Child (0-11) ☑ Young Adult (18- 64)	☑ Encounter ☐ 15 Minutes	Minimum: 30 Min	nutes +		
☑ Adol (12-17) 20) ☑ Geriatric (☐ Day ☐ 1 Hour	Maximum:			
65+)	DDOCDAM CED HCE CATECODYHEC)				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ SP (HE)	(CIV)	c (HI)		
☑ Face-to-Face ☐ Individual	☐ Other SP (TG) ☐ ICM	(SK)	נ (הז) ibhouse (HB)		
☑ Video Conf (GT) ☐ Group (HQ)	☐ Residential (SC) ☐ ACT	^(HK) □ R△	covery (TS)		
☐ Telephone ☐ Family (HR/HS)	□ Resp □ HF (2 nd modifier-SUD)	ITE ISYI	ev/EI (HT)		
STAFF REQUIREMENTS	,				
☑ Unlicensed Master's ☑ Unlice	ensed EdD/	LVN (TE) 🗵 R:	νN (SΛ)		
 ☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Bachelor's Level (HN) ☑ PhD/Psyl ☑ Level (HO) ☑ PhD/Psyl ☑ Level (HO) ☑ PhD/Psyl	D (HP) ☐ QMAP ⊠ RN (T	` '	xN (SA) A (PA)		
✓ Intern	ed EdD/		1D/DO (AF)		
LMF1/ LPC PhD/Psyl	D (AH)	- (5/1) = 11	15/50 (/ 11 /		
PLACE OF SERVICE (POS)	П	221			
 ☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Office (11) ☑ Cust Care (32) ☑ ICE MP (54) 	☑ Shelter (04) ☐ Inpt Ho	(51) / LI Pris	son/CF (09)		
☑ Office (11)☑ Cust Care (33)☑ ICF-MR (54)☐ Mobile Unit (15)☑ Grp Home (14)☑ NF (32)	SNF (31) □ Inpt PF □ RF (23)	X \ X \ Y \ T	iool (03)		
\square Mobile Offit (13) \square Grp Home (14) \square RT (32) \square Outp Hospital(22) \square Home (12) \square PRTF (56)	☐ FQHC (50) ☐ PF-PHP		ner POS (99)		

	TREATMENT SERVI	CES – PSYCHIATRI	C/MEDI	CATION MAN	AGEMENT SERV	ICES	
CPT®/HCPCS PROCEDUR	E CODE		PROCE	DURE CODE D	ESCRIPTION		USAGE
This code is not recom	99441 mended; if used, plea guidelines.	ase follow CPT	service patient a relate previou proced availab	provided by a t, parent, or gued ed E/M service us 7 days, nor lure within the	n and managem a physician to ar uardian not orig e provided withi leading to an E/ e next 24 hours ont; 5 – 10 minus	established inating from n the M service or or soonest	☑ Medicaid ☑ OBH
SERVICE DESCRIPTION			MINIM	IUM DOCUME	NTATION REQU	JIREMENTS	
Non-face-to-face E/M se client using the telephon patient (i.e., client, parer advice/treatment for a p to-face visit.	e, upon initiation by a nt or guardian), who is	en established s seeking	See Pag Service 1. Nat	ge 253 Content	rendered and p		ails
NOTES			EXAM	PLE ACTIVITIES	S		
99441 may be reported of client/client's parent/gua 99441 may not be used for Calls resulting in a face-to problem within 24 hours appointment are not reported work for the to and occurs within 7 day and reported by the samucall is not reportable; a to call within 7 days is not rethemselves an E/M service.	ardian must initiate the for calls initiated by a co-face encounter for the sonest available urgortable; consider the billable E/M service. It ays of another E/M service arounder for the sanelephone call related eportable, since these	ne contact; Psychiatrist. The same gent call part of the f the call relates rvice performed ne problem, the to a previous					
APPLICABLE POPULATIO			UNIT			DURATION	
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-2)	oung Adult 🗵 A 20) 🗵 G	dult (21-64) Seriatric (65+)	⊠ Enco	<u> </u>	15 Minutes 1 Hour	Minimum: Maximum:	5 Minutes 10 Minutes
ALLOWED MODE(S) OF I	DELIVERY				CATEGORY(IES)		
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☐ Resi	HE) er SP (TG) dential (SC) 2 nd modifier-S	□ ICM □ ACT □ Res _l UD)		☐ Voc (HJ) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/EI (HT)
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ Unlicensed Master's Level (Ho ☐ LCSW (AJ)/LSW LMFT/ LPC		(HP) EdD/	_ □ QMAF	□ LPN/L\ □ RN (TD □ APRN () [⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)							
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	⋈ Hospice (34)⋈ ICF-MR (54)⋈ NF (32)⋈ PRTF (56)		☑ Shelter (04☑ SNF (31)☑ FQHC (50)	·) ☑ Inpt F	3)	☐ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES						
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE	DESCRIPTION		USAGE
This code is not recomm	99442 nended; if used, plo guidelines.	ease follow CPT	Telephone evaluation service provided by a patient, parent, or go related E/M service days, nor leading to within the next 24 happointment; 11 – 2	a physician to ar uardian not orig provided within an E/M service o ours or soonest	n established inating from a the previous 7 or procedure available	☑ Medicaid ☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCUMI	ENTATION REQU	JIREMENTS	
Non-face-to-face E/M set client using the telephon patient (i.e., client, paren advice/treatment for a pa to-face visit.	e, upon initiation by nt or guardian), who	y an established is seeking	Technical Document See Page 253 Service Content 1. Nature of service 2. Disposition	·		
NOTES			EXAMPLE ACTIVITIE	S		
99442 may be reported of client/client's parent/gua 99442 may not be used ff Calls resulting in a face-to problem within 24 hours, appointment are not rep pre-service work for the relates to and occurs with performed and reported problem, the call is not reto a previous call within a codes are themselves an	ardian must initiate for calls initiated by a po-face encounter for soonest available u ortable; consider the billable E/M service hin 7 days of another by the same provide portable; a telephor days is not reportable.	the contact; a Psychiatrist. r the same urgent the call part of the the call				
APPLICABLE POPULATIO			UNIT		DURATION	
⊠ Adol (12-17) (18-2	20) 🗵	Adult (21-64) Geriatric (65+)	□ Day [□ 15 Minutes □ 1 Hour	Minimum: 11 Mir Maximum: 20 Mi	
ALLOWED MODE(S) OF D	ELIVERY		PROGRAM SERVICE	CATEGORY(IES)		
☐ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/H	S)	☑ SP (HE)☐ Other SP (TG)☐ Residential (SC)☑ HF (2nd modifier-S	□ ICM □ ACT □ Res GUD)	I (SK) - (HK) □ Cli nite (SY) □ Re	oc (HJ) ubhouse (HB) ecovery (TS) ev/EI (HT)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	☐ Unlicensed Master's Level (H ☐ LCSW (AJ)/LSW LMFT/ LPC		(HP) □ QMAI d EdD/	P □ LPN/LVN □ RN (TD) □ APRN (SA	≥ PA (PA)	
PLACE OF SERVICE (POS)		V Heeris (24)		V lant II-	(24)	
☑ Office (11) ☑ Mobile Unit (15) ☑	ACF (13) Cust Care (33) Grp Home (14) Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☑ Inpt Hosp (☑ Inpt PF (51)☑ ER (23)☑ PF-PHP (52)		03)

	TREATMENT S	ERVICES – PSYCHIAT	RIC/MEI	DICATION MANAGI	MENT SE	RVICES	
CPT®/HCPCS PROCEDUI	RE CODE		PROCE	DURE CODE DESCR	RIPTION		USAGE
	99443		service	one evaluation and e provided by a phy t, parent, or guardi	sician to a	n established	✓ Medicaid ✓ OBH
This code is not recom		nlesse follow CDT		t, parent, or guardi d E/M service provi			
This code is not recom	guidelines.	please follow CFT		nor leading to an E/			'
	garacinics			the next 24 hours			
				ntment; 21 – 30 mir			
			discuss				
SERVICE DESCRIPTION			MINIM	IUM DOCUMENTA	TION REQ	UIREMENTS	
Non-face-to-face E/M se	ervices provided b	y a Psychiatrist to a	Techni	ical Documentation	n Requirer	nents	
client using the telephor	ne, upon initiatior	n by an established	See Pa	ge 253			
patient (i.e., client, pare	nt or guardian), w	vho is seeking	Service	e Content			
advice/treatment for a	problem that does	s not require a face-	1. Na	ture of service rend	lered and	pertinent deta	ils
to-face visit.			2. Dis	position			
NOTES			EXAM	PLE ACTIVITIES			
99443 may be reported	•	•					
client or client's parent/	-						
99443 may not be used for calls initiated by a Psychiatrist.							
Calls resulting in a face-to-face encounter for the same							
problem within 24 hour		-					
appointment are not reportable; consider the call part of the							
pre-service work for the							
relates to and occurs wi	•						
performed and reported							
problem, the call is not							
to a previous call within		ortable, since these					
codes are themselves ar							
APPLICABLE POPULATION			UNIT		.	DURATION	
☑ Child (0-11)	▼ Young	☑ Adult(21-64)			Minutes	Minimum: 2	
☑ Adol (12-17)	Adult (18-20)	☑ Geriatric (65+)	□ Day			Maximum: 3	<u>o Minutes</u>
ALLOWED MODE(S) OF	DELIVERT		× SP (RAM SERVICE CATE	GUNT (IES		□ Voc (HJ)
☐ Face-to-Face	☑ Individual			er SP (TG)		1 (SK)	☐ Clubhouse (HB)
☐ Video Conf (GT)	☐ Group (HQ)			idential (SC)		Г (НК)	
☑ Telephone	☐ Family (HR/H	IS)		(2 nd modifier-SUD)	☐ Res	pite (SY)	☐ Recovery (TS) ☐ Prev/EI (HT)
STAFF REQUIREMENTS			1	(2 modifier 30D)			Li riev, Er (i i i)
☐ Peer Specialist	□ Unlicensed	☐ Unlicense	ed EdD/				
☐ Bachelor's Level (HN)	Master's Level			☐ QMAP		N/LVN (TE)	⊠ RxN (SA)
☑ Intern	☐ LCSW (AJ)/LS	, , , , ,	,	-		l (TD)	☑ PA (PA)
	LMFT/ LPC	PhD/PsyD (A			LI AF	PRN (SA)	☑ MD/DO (AF)
PLACE OF SERVICE (POS	5)						
☑ CMHC (53)	⊠ ACF (13)	☑ Hospice ((34)	☑ Shelter (04)	⊠ Inp	t Hosp (21)	☐ Prison/CF (09)
☑ Office (11)		☑ ICF-MR (5	54)	⊠ SNF (31)	🗵 Inp	t PF (51)	☑ School (03)
☑ Mobile Unit (15)	☑ Grp Home (14	·) ⊠ NF (32)		☑ 5NF (31) ☑ FQHC (50)	⊠ ER	(23)	☑ School (03) ☑ Other POS (99)
⊠Outp Hospital(22)	☑ Home (12)	☑ PRTF (56))	∠ rquc (30)	🗷 PF-	PHP (52)	△ Other PO3 (99)

TREATMENT SERVICES — INTENSIVE TREATMENT SERVICES — PARTIAL HOSPITALIZATION (PHP)						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
	Activity therapy, such as music, dance, art or play					
G0176	therapies not for recreation, related to ca	are and 🗹 OBH				
00170	treatment of patient's disabling mental h					
	problems per session (45 minutes or mor					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIRE					
Therapeutic activities designed to improve social functioning,	Technical Documentation Requirements	•				
promote community integration and reduce symptoms in	See Page 253					
areas important to maintaining/re-establishing residency in	Service Content:					
the community (e.g., home, work, school, peer group). Activities are delivered to more than one person and are	 Initial/intake history/exam document necessitating treatment 	ing symptoms or problems				
designed to promote skill development in areas such as stress	2. Individualized treatment/service plan					
management, conflict resolution, coping skills, problem	 Services must be prescribed by an I 					
solving, money management, nutrition, and community	under an individualized written pla					
mobility.	by an MD/DO after any needed cor					
	staff members					
	 Plan must state type, amount, freq 	uency, and duration of				
	services to be furnished and indicate	te diagnoses and				
	anticipated goals					
	3. Target symptoms, goals of therapy an	nd methods of monitoring				
	outcome	trootmont modality sither				
	 Why chosen therapy is appropriate in lieu of/in addition to another for 					
	Specify estimated duration of treatments					
	sessions					
	o For an acute problem, document tr	reatment is expected to				
	improve health status/function of o					
	 For chronic problems, document st 					
	of health status/function is expected					
NOTES	EXAMPLE ACTIVITIES					
Interventions cannot be purely recreational/diversionary in						
nature. Interventions must be individualized and based on the						
goals specified in the client's treatment/service plan. Per CMS, this procedure code is only used for partial						
hospitalization programs (PHPs).						
APPLICABLE POPULATION(S)	UNIT	DURATION				
ν,						
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64)		Minimum: 45 Minutes				
 ☑ Adol (12-17) (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY 	□ Day □ 1 Hour □ PROGRAM SERVICE CATEGORY(IES)	Maximum: N/A				
	X SP (HF)	□ Voc (HJ)				
☐ Face-to-Face ☐ Individual	□ Other SD (TG) □ ICM (SK)	☐ Clubhouse (HB)				
☐ Video Conf (GT) ☑ Group (HQ)	□ Residential (SC) □ ACT (HK)	□ Recovery (TS)				
☐ Telephone ☐ Family (HR/HS)	✓ HE (2nd modifier-SUD)✓ Respite (S	SY) □ Prev/EI (HT)				
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Unlicensed	ed ⊠ LPN/LVN ((TE) 🗵 RxN (SA)				
Master's Level (HO) EdD/PhD/P	'SYD (HP) ☐ QMAP 🗵 RN (TD)	□ PA (PA)				
XIntern X LCSW (AJ)/ X Licensed	EDD/ R APRN (SA)					
LSW/ LMFT/ LPC PhD/PsyD (AH)					
PLACE OF SERVICE (POS)		(24)				
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp					
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	☐ SNE (31) ☐ INPL PF (51)) □ School (03)				
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☑ Outp Hospital(22) ☐ Home (12) ☐ PRTF (56)	☐ FQHC (50) ☐ ER (23) ☐ FP-PHP (52	Other POS (99)				

TREATMENT SERVICES — INTENSIVE TREATMENT SERVICES — PARTIAL HOSPITALIZATION (PHP)						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
	Training and educational services related t	o the care 🛮 🗹 Medicaid				
G0177	and treatment of patient's disabling menta	al health 🗹 OBH				
	problems per session (45 minutes or more)				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREM	ENTS				
Psychosocial skills development and rehabilitation services to	Technical Documentation Requirements					
improve social functioning in areas important to	See Page 253					
maintaining/re-establishing residency in the community.	Service Content					
Interventions are delivered on an individual basis and are	Initial/intake history/exam documenting	g symptoms/problems				
individualized to meet specific goals and measurable	necessitating treatment					
objectives in the treatment/ service plan. Interventions focus	2. Individualized treatment/service plan	/				
on developing and strengthening competencies in areas such	Services must be prescribed by an N					
as anger management, stress management, conflict	under an individualized written plan					
resolution, money management, community mobility,	established by an MD/DO after any	needed consultation				
symptom management and reduction.	with appropriate staff members					
	Plan must state type, amount, frequency to be furnished and indicate	-				
	services to be furnished and indicat	e diagnoses and				
	anticipated goals 3. Target symptoms, goals of therapy and	methods of monitoring				
	outcome	methods of monitoring				
	Why chosen therapy is appropriate	treatment modality				
	either in lieu of/in addition to anoth					
	treatment	те техни от реустивать				
	4. Specify estimated duration of treatmer	nt, in terms of number of				
	sessions	·				
	 For an acute problem, document th 	at treatment is expected				
	to improve health status/function of					
	For chronic problems, document that stabilization/					
	maintenance of health status/function is expected					
	5. Indicate time spent in training and educational services and					
	relevance to care and treatment of clie	nt's MH condition				
NOTES	EXAMPLE ACTIVITIES					
This is an individual skills training service. <i>Per CMS, this</i>						
procedure code is only used for partial hospitalization						
programs (PHPs).	LIBUT	DUDATION				
APPLICABLE POPULATION(S)	UNIT	DURATION Minimum 45 Minutes				
☐ Child (0-11)	☑ Encounter☐ Day☐ 15 Minutes☐ 1 Hour	Minimum: 45 Minutes Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	IVIAXIIIIUIII. IV/A				
	⊠ SP (HF)	□ Voc (HJ)				
☑ Face-to-Face	☐ Other SP (TG) ☐ ICIVI (SK)	□ Clubhouse (HB)				
☐ Video Conf (GT) ☐ Group (HQ)	☐ Residential (SC) ☐ ACT (HK)	□ Recovery (TS)				
☐ Telephone ☐ Family (HR/HS)	☑ He sider tear (36)☑ Respite (SY) Prev/EI (HT)				
STAFF REQUIREMENTS						
X Unlicensed X Unlicer	nsed EdD/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Bachelor's Level (HN) ☐ Deer Specialist ☐ Master's Level (HO) ☐ PhD/PsyD	(HP) □ QMAP ☑ LPN/LVN (TE ☑ RN (TD)) ⊠ RxN (SA) ⊠ PA (PA)				
✓ LCSW (AJ)/LSW/ ✓ License	d EdD/ ✓ APRN (SA)	⊠ MD/DO (AF)				
LMF1/ LPC PhD/PsyD	(AH)	E WID/DO (Al /				
PLACE OF SERVICE (POS)						
\square CMHC (53) \square ACF (13) \square Hospice (34)	☐ Shelter (04) ☐ Inpt Hosp (
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	☐ SNF (31) ☐ INPT PF (51)	☐ School (03)				
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)	□ FOHC (50) □ ER (23)	Other POS (99)				
\square Outp Hospital(22) \square Home (12) \square PRTF (56)	☑ PF-PHP (52)	, , ,				

	1	ASSESSMENT SERVICE	S – ASSESSMENT/D	IAGNOSIS		
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE	DESCRIPTION		USAGE
	H0001		Alcohol and/or Dru	ıg (AOD) Assessı	ment	✓ Medicaid✓ OBH
SERVICE DESCRIPTION			MINIMUM DOCUM	MENTATION REC	QUIREMENTS	
The evaluation of an inature and extent of the addiction to AOD, with diagnosis and plan for assessment includes diagnosis formulation and social history, currental health history at The evaluation may in other sources. * Use procedure code to primary mental health	the individual's ab ith the goal of services or appro AOD history, n specific to SUD, altural issues, releand treatment and include communication	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? Chief complaint/presenting concern(s) or problem(s) 2. Referral source 3. Diagnostic interview examination elements specific to SUD 4. Review of psychosocial and family history 5. Mental status exam appropriate to determine SUD diagnosis 6. Diagnostic formulation 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties and disposition				
NOTES			EXAMPLE ACTIVITI	IES		
For assessment of a primary mental health diagnosis use the 90791 procedure code. H0001 is used for assessment(s) and re-assessment (s), if required, and does not include psychotherapeutic services. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.						
APPLICABLE POPULATI			UNIT		DURATION	
· · ·	Young Adult 3-20)	☑ Adult (21-64) ☑ Geriatric (65+)		□ 15 Minutes □ 1 Hour	Minimum: N/A Maximum: N/A	
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVIC	E CATEGORY(IE	S)	
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		SP (HE) Other SP (TG) Residential (SC) ⊞HF (2 nd modifier-	□ ICN □ACT □ Res	(1 (SK) (HK) (nite (SV)	□ Voc (HJ) □ Clubhouse (HB) □ Recovery (TS) □ Prev/El (HT)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN ☑ Intern	☑ Unlicensed Master's Level ☑ LAC/LCSW (AJ)/LSW/ LMF	∠ Licensed	IP) □CAC □CAC	I □ RN	ı (TD)]Rxn (SA)] PA (PA)] MD/DO(AF)
PLACE OF SERVICE (PO	•					—
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34)☒ ICF-MR (54)☒ NF (32)☒ PRTF (56)	☑ Shelter (04)☑ SNF (31)☑ FQHC (50)☑ Independent C	⊠ In ⊠ EF	pt PF (51) R (23)	□ Prison/CF (09) ☑ School (03) ☑NRSATF (57) ☑ Other POS (99)

	ASSESSMENT SERVICES – SCREENING								
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE COL	DE DESCRIF	TION		USAGE		
	H0002		Behavioral health	n screening	to det	ermine eligibilit	•		
	110002		for admission to				☑ OBH		
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
A preliminary procedure			Technical Documentation Requirements						
merely indicate whether			See Page 253						
and/or SA-related proble		- '	Service Content						
accomplished using a str			1. The reason fo						
standardized screening t	tool that is culturall	y and age-	-	•			s) or problem(s)		
relevant.		Referral source	ce and reas	on(s) f	or referral				
		3. Description of	f the servic	е					
			Review of psy	chosocial a	and far	nily history, idei	ntified risks,		
			assessment o	f treatmen	t progi	am appropriate	eness		
			5. Plan for next	contact(s) i	ncludi	ng any follow-u	p or coordination		
			needed with	3 rd parties	and dis	position – need	l for BH services,		
			referral, etc.						
NOTES			EXAMPLE ACTIVI	TIES					
Screening may require n		Screening to dete	ermine elig	ibility,	treatment need	ls and treatment			
treatment needs, but als	available	options.							
treatment options.									
If there is a documented									
isn't an existing diagnosi									
(799.9) unless the screen	ner has actually cor	nfirmed the							
diagnosis.									
For Services provided at		e include the							
modifier ET in fields 2 th									
APPLICABLE POPULATION		7	UNIT			DURATION	-		
	-	☑ Adult (21-64)	☑ Encounter ☐ D ☐ D ☐ D ☐ D ☐ D ☐ D ☐ D ☐ D ☐ D ☐ D	☐ 15 Min	utes	Minimum: N/A			
✓ Adol (12-17) (18-		Geriatric (65+)	□ Day	☐ 1 Hour	0 DV/1E	Maximum: N/	A		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEG	OKY(IE	5)	W V (111)		
▼ Face-to-Face	✓ Individual		☑ SP (HE)		⊠ ICN	Л (SK)	▼ Voc (HJ)		
☑ Video Conf (GT) ☐	☐ Group (HQ)		☐ Other SP (TG)	-1	⊠ AC	T (HK)	☑ Clubhouse (HB)		
	☑ Family (HR/HS)		☑ Residential (SC		⊠ Re	spite (SY)	☑ Recovery (TS)		
	, , , ,		☑ HF (2 nd modifi	er-SUD)		· · ·	☑ Prev/EI (HT)		
STAFF REQUIREMENTS	☑ Unlicensed	V Haliaana	-4.540/ 🗆 0	MAD					
☐ Peer Specialist	Mastar's Lavel (☑ Unlicens	•			PN/LVN (TE)	☑ RxN (SA)		
☑ Bachelor's Level (HN)	Master's Level (×	RN (TD)	☑ PA (PA)		
☑ Intern	☑ LAC/LCSW (AJ)/LSW/ LMFT	☑ Licensed			X /	APRN (SA)			
PLACE OF SERVICE (POS		/ LPC PhD/PsyD (Ап) 🖾 СА	AC III					
	<u>/</u> ⊠ ACF (13)	☐ Hospice (34)	☑ Shelter (04)		X In	pt Hosp (21)	☐ Prison/CF (09)		
	⊠ Cust Care (33)	☐ Hospice (34)☑ ICF-MR (54)	⊠ SNF (31)			pt 110sp (21) pt PF (51)	☑ School (03)		
	☑ Cust Care (33) ☑ Grp Home (14)	☑ NF (32)	☑ 5(1 (51) ☑ FQHC (50)			R (23)	☑ NRSATF (57)		
	⊠ Grp Home (14) ▼ Home (12)	⊠ NF (32) ⊠ PRTF (56)	⊠ Independent	Clinic (49)		· (23) PHP (52)	☑ Other POS (99)		

	Screening								
CPT ®/HCPCS PROCE	DURE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE			
	H0003			r drug screening; labor or presence of alcohol		☐ Medicaid ☑ OBH			
SERVICE DESCRIPTIO	N			CUMENTATION REQU		<u> Ш ОВП</u>			
	ug screening occurs when spec	ific	Date of ser		III.				
	dures are used to detect the pi		Screening						
	drug problem. The screening s		_	r treatment (if applical	ble)				
	priateness for treatment at a s		Signed with 1st initial, last name & credentials						
	d should occur prior to adminis	tering							
differential assessme	nts.		EVALABLE ACT	D. (ITIEC					
NOTES	a tura accumunacas non Stata Fir	seel Veer	EXAMPLE ACT						
APPLICABLE POPULA	o two occurrences per State Fis	scar Year	Screening ques	stionnaire					
✓ Child (0-11)	✓ Adol (12-17)	√ Vouns	g Adult (18-20)	✓ Adult (21-64)	✓ Geriatr	ic (65+)			
		- Tourie	5 Addit (10 20)	⊡ Addit (21 04)	⊡ Geriati	10 (051)			
PLACE OF SERVICE (F									
☑ School (03)	☐ Mobile Unit (15)	□ NF (•	☑ CMHC (53)	☐ CORF (•			
☑ Shelter (04)	☐ Temp Lodge (16)		☐ Cust Care (33) ☐ ICF-MR (54) ☐ Hospice (34) ☐ RSATF (55)			Health Clinic (71)			
☑ Prison/CF (09)	☐ Urgent Care (20)			☐ RSATF (55)		ealth Clinic (72)			
☑ Office (11)	☐ ER Hosp (23)	☐ Indepndt Clinic (49) ☐ PRTF (56) ☐ Other POS (99) ☐ FOHC (50) ☐ Non-Residential SA							
☑ Home (12) □ ALF (13)	 ☐ Amb Surg Ctr (24) ☐ MTF (26) 								
☐ Group Home (14)	☐ SNF (31)		PF (51) PHP (52)	Treatment Cntr (57)					
	☐ 3NF (31)	□	☐ CIRF (61)						
MODIFIER		UNIT			DURATIO	N			
☑ AF ☑ F	M ☑ SA	☑ Enco	ounter	☐ 1 Hour	Minimum	: N/A			
☑ AH ☑ F	N ☑ TD	☐ Day		☐ 3 Hours	Maximum	ı: N/A			
□ HA ☑ H	-		/linutes						
□ HB ☑ F			/ED MODE(S) OF						
□ HC ☑ F	•		e-to-Face	☑ Group (HQ)	✓ Telement				
□ HD □ F			eo Conference	☐ Family	☐ Telecoi	nference			
□ HG □ F		☑ Tele		☑ On-Site					
□нн □н		☑ Indi	vidual	☑ Off-Site					
MINIMUM STAFF RE			[] C D	anting Considiat	[7] NAD /DO /AF	.,			
✓ Peer Specialist✓ Less than Bachelon	✓ APRN (SA)	(LDC		vention Specialist	☑ MD/DO (AF	•)			
Level (HM)	's ☑ LAC/LCSW (AJ)/LMFT/ ☑ Unlicensed EdD/PhD/		✓ Licensed	EdD/PhD/PsyD (AH)	✓ QMAP✓ Treatment	Eacility			
☑ LPN/LVN (TE)	✓ Unlicensed EdD/PhD/		☑ CAC II			•			
□ LPN/LVN (1E) □ Unlicensed Master's Level (□ Bachelor's Level (HN) □ Licensed non-physician			☑ CAC III		☑ Interpreter for Deaf and Hard Hearing				
☑ Psych. Tech	practitioner (NPP)		☑ NP (SA)		☐ Dentist (only for SBIRT				
☑ RN (TD)	F. 222.000. ()		⊡ PA		codes)	,			
☑ RxN (SA)					,				

	TREATMENT SERVICES – PSYCHOTHERAPY – INDIVIDUAL PSYCHOTHERAPY									
CPT®/HCPCS PROCEDUR	RE CODE			PROCEDURE	E CODE	E DESCRIPT	TION			USAGE
	H0004			Behavioral h	nealth	counseling	and t	therapy, per 15		☑ Medicaid☑ OBH
SERVICE DESCRIPTION				MINIMUM I	DOCUI	MENTATIO	N RE	QUIREMENTS		
Individual counseling/therapy in the planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction/resolution of the identified problem(s).				Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination						
NOTES				EXAMPLE A		3 rd parties	,			
H0004 offers flexibility in terms of time increments and POS. H0004 may include unplanned telephone contact and/or planned contact if medically necessary, clinically justified, and included in the treatment/service plan. Crisis intervention is reported using H2011 in lieu of H0004. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.			and/or stified, Crisis							
APPLICABLE POPULATION	ON(S)			UNIT				DURATION		
区 Child (0-11) ☑ Adol (12-17)	⊠ Young ⊠	Adult (21-	-	☐ Encounte		⊠ 15 Minu □ 1 Hour	tes	Minimum: 8 r Maximum: N		2 S
ALLOWED MODE(S) OF	DELIVERY			PROGRAM S	SERVIC	E CATEGO	RY(IE	S)		
☑ Face-to-Face ☑ Video Conf (GT) ☑ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS) providers only)	(for SUD		SP (HE) Other SP Residenti HF (2 nd m	al (SC)		×A	CM (SK) CT (HK) espite (SY)	□ C □ R	oc (HJ) lubhouse (HB) ecovery (TS) rev/EI (HT)
STAFF REQUIREMENTS										
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ Unlicensed Master's Level (☑ LAC/LCSW (AJ)/LSW/ LMFT	HO)	☑ Unlice PhD/Psyl ☑ Licens PhD/Psy[ed EdD/	□ CA ⊠ CA ⊠ CA	AC II	⊠ RI	PN/LVN (TE) N (TD) PRN (SA)	⊠ PA	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (POS	•									
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	□Hospi ☑ ICF-N ☑ NF (3 ☑ PRTF	MR (54) 32)	Shelter (SNF (31) FQHC (50) Independent	0)	Clinic (49)	⊠ In ⊠ El	pt Hosp (21) pt PF (51) R (23) F-PHP (52)	⊠ S∈	rison/CF (09) chool (03) RSATF (57) other POS (99)

TREATMENT SERVICES – PSYCH	OTHERAPY – GROUP PSYCHOTHERAPY					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H0005	Alcohol and/or drug services; group counseling	☑ Medicaid☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
A planned therapeutic or counseling activity conducted by the behavioral health clinician in a group setting with 2/more clients (other than a family therapy session) in an effort to change the individual behavior of each person in the group through interpersonal exchange. Group services are designed to assist clients with a primary SUD in achieving their AOD treatment goals.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided including number of clients present. 3. The therapeutic intervention(s) utilized and the response to the intervention(s).					
*Use 90853 procedure code for group psychotherapy for clients with a primary mental health diagnosis	 4. How did the service impact progress towards g 5. Plan for next contact(s) including any follow-up needed with 3rd parties 					
NOTES	EXAMPLE ACTIVITIES					
H0005 is used for group psychotherapy involving clients other than the clients' families. H0005 does not include socialization, music therapy, recreational activities, art classes, excursions, or group meals. If only one group member is present, document as individual therapy or H0004.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes Minimum: ≥31 r ☐ Day ☐ Hour Maximum: N/A	nins				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☐ Video Conf (GT)☑ Group (HQ)☐ Telephone☐ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SV)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/EI (HT)				
STAFF REQUIREMENTS						
□ Peer Specialist □ Bachelor's Level (HN) □ Intern □ Vunlicensed Master's □ Unlicensed Master's □ Unlicensed Master's □ Vunlicensed Mast	D (HP) □CACT □ RN (TD) □ ed EdD/ ☑CAC II ☑ ADRN (SA) □	l RxN (SA) l PA (PA) l MD/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☐ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outpt Hospital(22) ☐ Home (12) ☑ PRTF (56)	☑ SNF (31) ☐ Inpt PF (51) ☑ FQHC ☐ ER (23)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)				

	CASE MANAGEMENT SERVICES						
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE	CODE DESCRIP	TION		USAGE
	H0006		Alcohol and/	or drug service	s; case	management	☑ Medicaid ☑ OBH
SERVICE DESCRIPTION			MINIMUM D	OCUMENTATIO	ON REC	QUIREMENTS	
Services designed to assaccess to needed medic services as well as prov transition services. Case Assessing service needed, completing reinformation from othe Service plan develop to address client needed identifying a course of development with clientifying a course of development with clientifying and telephone numb working with clientifyservices, including composition and followers client is followers. Monitoring and followers composition plan and median. *Use T1017 procedure	 Technical Documentation Requirements See Page 253 Service Content The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) The services utilized and the individual's response to the services (includes assessing service needs, service plan development, referral, and monitoring/follow-up, which includes care coordination) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 						
with a primary mental h	nealth diagnosis		EXAMPLE AC	TIVITIES			
Case management involve of needed services, but is to which the client has bet include time spent transpose spent waiting while the cli However, it includes time with the client for purpose follow-up. For Services provided at a in fields 2 through 4.	very of a service gement does not red services/time appointment appointment nitoring and	 Assessing available applicatio Contact v access se 	the need for so resources, expl on process vith client's fam rvices rdination betwo	aining nily me	identifying and in options to client a mbers for assistan	and assisting in	
APPLICABLE POPULATION			UNIT			DURATION	
	3-20) ×	Adult (21-64) Geriatric (65+)	☐ Encounter☐ Day	r ⊠ 15 Min □ 1 Hour ERVICE CATEGO		Minimum: N/A Maximum: N/A	
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		SP (HE) ☐ Other SP (☐ Residentia ☑ HF (2nd mo	TG) [I (SC)	⊠ ICM ⊠ ACT	(SK)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/El (HT)
STAFF REQUIREMENTS			15.15./				
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ Unlicensed Master's Level (☑ LAC/LCSW (A LSW/ LMFT/ LPC	J)/ 🗵 Licensed	(HP) I EdD/	☐ CACII	⊠ LPN/ ⊠ RN (1 ⊠ APRN	TD)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS							
☑ Office (11) ☑ Mobile Unit (15) ☑	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	✓ Shelter (0✓ SNF (31)✓ FQHC (50✓ Independ		⊠ In	pt PF (51)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99) ☐ NRSATF (57)

			Int	ervention						
CPT ®/HCPCS P	ROCEDU	IRE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE			
		H0007		Alcohol and/or	r drug services; crisis inte	rvention	☐ Medicaid			
		110007		(outpatient)						
SERVICE DESCR				MINIMUM DOCUMENTATION REQUIREMENTS						
		or drug crisis intervention use		 Date of ser 						
assist a person	to absta	in from alcohol and or drug u	sage.		ographic information					
				 Specific int 	tervention service used					
				Clients response						
				Referral for treatment (if necessary)						
				 Signed wit 	h 1st initial, last name & c	redentials				
NOTES				EXAMPLE ACT	IVITIES					
APPLICABLE PC	PULATION	ON(S)								
☐ Child (0-11)		✓ Adol (12-17)	✓ Young	dult (18-20)	✓ Adult (21-64)	☑ Geriatric	(65+)			
PLACE OF SERV	ICE (POS	5)								
☑ School (03)		☐ Mobile Unit (15)	☐ NF (32	2)	☑ CMHC (53)	☐ CORF (62	2)			
☑ Shelter (04)		☐ Temp Lodge (16)	☐ Cust C	Care (33)	□ ICF-MR (54)	☐ Public He	ealth Clinic (71)			
☑ Prison/CF (09	9)	☐ Urgent Care (20)	☐ Hospi	ce (34)	☐ RSATF (55)	☐ Rural Hea	alth Clinic (72)			
☑ Office (11)		☐ ER Hosp (23)	☐ Indep	☐ Indepndt Clinic (49) ☐ PRTF (56))S (99)			
☑ Home (12)		☐ Amb Surg Ctr (24)	☑ FQHC (50)							
☐ ALF (13)		☐ MTF (26)	☐ Inpt P	F (51)	Treatment Cntr (57)					
☐ Group Home	e (14)	☐ SNF (31)	☐ PF-PH	PF-PHP (52) ☐ CIRF (61)						
MODIFIER			UNIT							
☑ AF	□нм	☑ SA	☑ Encou	inter	☐ 1 Hour	Minimum: I				
☑ AH	☐ HN	☑ TD	☐ Day		☐ 3 Hours	Maximum:	N/A			
□ HA	□но	☑ TE	□ 15 Mi							
□ нв	☑ HP	☐ TF		D MODE(S) OF I						
□нс	☑ HQ	☐ TG	☑ Face-t		☑ Group (HQ)	\square Telemed	icine			
□ HD	☐ HR	□ UK		Conference		☐ Teleconf	erence			
□ HG	☐ HS	□ 22	☐ Telepl		☑ On-Site					
□нн	□нт	□ 52	☑ Indivi	dual	☑ Off-Site					
MINIMUM STA										
Peer Speciali		☑ APRN (SA)			ention Specialist	☑ MD/DO (A	F)			
☐ Less than Ba	chelor's	☑ LAC/LCSW (AJ)/LMFT,			EdD/PhD/PsyD (AH)	☐ QMAP				
Level (HM)		☐ Unlicensed EdD/PhD/	, , ,			☑ Treatment				
☑ LPN/LVN (TE		Unlicensed Master's L				•	r for Deaf and			
☐ Bachelor's Le	evel (HN		an	☑ CAC III		Hard Hearing				
☐ Psych. Tech		practitioner (NPP)		☑ NP (SA)		☐ Dentist (or	ily for SBIRT			
☑ RN (TD)				☑ PA		codes)				
☑ RxN (SA)										

	Social A	mbulator	y Detoxification	Services			
CPT ®/HCPCS PROCEDU	RE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE	
	H0010		Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) ☐ Medicaid ☑ OBH				
SERVICE DESCRIPTION				CUMENTATION REQUIRE	MENTS		
Medically monitored inp alcohol and or drug serv care or addiction treatm to-face interactions to n withdrawal symptoms (i psychological symptoms with medications and 24 professionals. The progr	patient sub-acute detoxificatices conducted in a licensed tent facility. Individuals received in a licensed and monito including severe physical and that require medical manage hour medical care from medical with the omeet the needs of resident	health ve face- or gement dical	 Date of service Start and stop time (Duration) Admission criteria Patient informed consent Medical evaluations and monitoring activities Protocols for usual and customary detoxification (individualized detoxification plan) Discharge planning Signed with 1st initial, last name & credentials 				
NOTES			EXAMPLE ACT	IVITIES			
treatment Facility provid	ed for a minimum of 24 Hour ding this service should have staff with, or working toward	a	 Monitor ar Referral fo Additional with medic conditions, additional Assessmen All detox m hours until every 8 hours 	documentation and manage withdrawal r treatment service planning, as requi cal conditions, suicidal ide , and other conditions, wh risk during detoxification. at(s) of client readiness for nonitoring (including vital remaining in normal rang urs until discharge) onitoring of physical and re	ation, pregn nich place clion 1 r treatment signs taken a ge for at leas	ancy, psychiatric ents at at least every 2 t 4 hours; then	
4001104015 0001114710	221/07		Routine me	onitoring of physical and i	mental statu	\$	
APPLICABLE POPULATION		—			7		
☐ Child (0-11)	☑ Adol (12-17)		Adult (18-20)	☑ Adult (21-64)		ic (65+)	
PLACE OF SERVICE (POS	•						
☐ School (03) ☐ Shelter (04) ☐ Prison/CF (09) ☐ Office (11) ☐ Home (12) ☐ ALF (13) ☐ Group Home (14)	☐ Mobile Unit (15) ☐ Temp Lodge (16) ☐ Urgent Care (20) ☐ ER Hosp (23) ☐ Amb Surg Ctr (24) ☐ MTF (26) ☐ SNF (31)	☐ NF (32 ☐ Cust C ☐ Hospid ☐ Indepid ☐ FQHC ☐ Inpt PI ☐ PF-PH	Care (33) ce (34) ndt Clinic (49) (50) F (51)	☐ CMHC (53) ☐ ICF-MR (54) ☑ RSATF (55) ☐ PRTF (56) ☐ Non-Residential SA Treatment Cntr (57) ☐ CIRF (61)		Health Clinic (71) ealth Clinic (72)	
MODIFIER		UNIT			DURATIO	N	
✓ AF	☑ SA ☑ TD ☑ TE	☐ Encou ☑ Day ☐ 15 Min	nutes	☐ 1 Hour ☐ 3 Hours	Minimum Maximum	: 24 Hours :: 7 Days	
□ НВ □ НР	☐ TF	_	D MODE(S) OF D				
HC HQ HD HR HG HS HH HT	□ TG □ UK □ 22 □ 52	☐ Face-to-Face ☐ Group (HQ) ☐ Video Conference ☐ Family ☐ Telephone ☐ On-Site ☐ Individual ☐ Off-Site			☐ Teleme		
MINIMUM STAFF REQU							
☐ Peer Specialist ☐ Less than Bachelor's Level (HM) ☑ LPN/LVN (TE) ☑ Bachelor's Level (HN) ☐ Psych. Tech ☑ RN (TD)	☐ APRN (SA) ☑ LAC/LCSW (AJ)/LM ☐ Unlicensed EdD/Ph ☑ Unlicensed Master	nD/PsyD (H 's Level (H	☑ License HP) ☑ CAC I		Hard Hearin	nt Facility er for Deaf and	

		Socia	I Ambulator	y Detoxification	Services			
CPT ®/HCPCS P	ROCEDU	RE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE	
		110011		Alcohol and/or	r drug services; acute o	detoxification	☐ Medicaid	
		H0011		(residential ad	diction program inpati	ent)	⊠ OBH	
SERVICE DESCR	IPTION			MINIMUM DO	CUMENTATION REQU	IREMENTS		
This service req	uires fac	e-to-face interactions with	an	Date of ser	vice			
		se of alcohol and/or drug		 Start and s 	top time (duration)			
		hol and drug addiction resi		 Document 	ation of all monitoring	activities		
	-	State Substance Abuse Au		 Log of vital signs (taken every two (2) hours until the patient 				
•		tion services and is staffed		remains in a normal range for at least four (4) hours, then taken				
		tered nurse and/or license		every eight (8) hours thereafter until discharged.				
		rection of a licensed physic premises 24 hours per da			ge, documentation pro			
-		ll 24 hours per day, and the			ated to the patient abo			
		omponent of the program	C	_	factors associated wit		-	
supervised by a					g or transmitting HIV/			
supervised by a	neensea	priyorciani			for HIV/AIDS, TB, Hep nd pregnancy; availab			
				treatment		ility of alcohol a	nu urug abuse	
					h 1st initial, last name 8	& credentials		
NOTES				EXAMPLE ACT		<u>x creaentials</u>		
	oe provid	ed for a minimum of 24 Ho	urs. A	Administer me				
	•	ding this service should hav		Medical evalua				
maximum of 25% of its staff with, or working towards, a CA				All other detox	activities that do not	necessarily requ	ire medical	
I certification. This code is for non Medicaid eligible clients.				personnel to c				
APPLICABLE PC	PULATIO	DN(S)						
☐ Child (0-11)		☑ Adol (12-17)	✓ Young A	Adult (18-20)	☑ Adult (21-64)		ic (65+)	
PLACE OF SERV	ICE (POS							
☐ School (03)		☐ Mobile Unit (15)	☐ NF (32)		☐ CMHC (53)	☐ CORF (•	
☐ Shelter (04)	٥)	☐ Temp Lodge (16)	☐ Cust Ca		☐ ICF-MR (54)		Health Clinic (71)	
☐ Prison/CF (09	9)	☐ Urgent Care (20)	☐ Hospice		☑ RSATF (55)		ealth Clinic (72)	
☐ Office (11) ☐ Home (12)		☐ ER Hosp (23) ☐ Amb Surg Ctr (24)	☐ FQHC (5	dt Clinic (49)	☐ PRTF (56) ☐ Non-Residential S	☐ Other F	703 (99)	
☐ Home (12)		☐ MTF (26)	☐ FQTIC (S	•	Treatment Cntr (5			
☐ Group Home	(14)	☐ SNF (31)	☐ PF-PHP		☐ CIRF (61)	77)		
MODIFIER	. (±1)		UNIT	(32)		DURATIO	N	
□ AF	□нм	□ SA	☐ Encoun	ter	☐ 1 Hour		: 24 Hours	
☑ AH	☑ HN	✓ TD	✓ Day		☐ 3 Hours	Maximum		
□ на	 НО	✓ TE	15 Minເ	utes				
□ нв	☑ HP	☐ TF	ALLOWED	MODE(S) OF DE	LIVERY			
□нс	\square HQ	☐ TG	☑ Face-to	-Face	☐ Group (HQ)	☐ Teleme	edicine	
□ HD	\square HR	□ UK	☐ Video C	onference	☐ Family	☐ Teleco	nference	
□ HG	\square HS	□ 22	☐ Telepho	one	☑ On-Site			
□нн	☐ HT	□ 52	☐ Individu	ıal	☐ Off-Site			
MINIMUM STA				<u> </u>				
☐ Peer Speciali		☐ APRN (SA)	/		vention Specialist	☐ MD/DO (AF	·)	
☐ Less than Ba	chelor's	☑ LAC/LCSW (AJ)/LMI			EdD/PhD/PsyD (AH)	□ QMAP	F1114	
Level (HM)	,	☑ Unlicensed EdD/Ph						
☑ LPN/LVN (TE	-	✓ Unlicensed Master'☐ Licensed non-physic		☑ CAC III ☑ CAC III		☐ Interpreter Hard Hearing	for Dear and	
☑ Bachelor's Le ☐ Psych. Tech	evei (niv)	practitioner (NPP)	Lidii			☐ Dentist (on	ly for SDIDT	
☑ Psych. Tech		פומכנונוטוופו (ווויף)		□ NP (SA)		codes)	ואוטנ זטוועו	
☐ RxN (SA)				_ //\		20000)		

		Socia	al Ambulator	y Detoxification	n Services					
CPT ®/HCPCS PF	ROCEDURE	CODE		PROCEDURE C	ODE DESCRIPTION		USAGE			
		H0012		Alcohol and/or	drug services; sub-acut	e detoxification	☐ Medicaid			
		HUU12		(residential add	diction program outpati	ent)	⊠ OBH			
SERVICE DESCRI					CUMENTATION REQUI	REMENTS				
_		ace interactions with an indiv		Date of ser						
	-	ging and monitoring withdraw			top time (duration)					
		d/or drug intoxication as an o tion program with appropriat	-	Admission						
_		and licensure. The program s			ormed consent includin	g date and time				
		mber of personnel on a 24-ho		 Medical evaluations Protocols for usual and customary detoxification (individualized 						
		re needs of the residents serv		detoxificat		detoxilication (indiv	liuualizeu			
personnel traine	ed, authoriz	ed, and credentialed (where	applicable)	Signed with 1 st initial, last name & credentials						
•		sponsibilities consistent with	-	0.8						
•		on characteristics and the resi	ident's							
individual plan o	of care/trea	tment.								
NOTES A treatment Facility providing this service should have a maximum				EXAMPLE ACTI		A A a disal a salsadia				
		=			with medical personnel	– Medical evaluation	is cannot be			
		vorking towards, a CAC I certi		completed. • Admission	documentation					
Non- hospital environments: require a client/staff ratio that does not exceed 10 to one (10:1) and each shift requires a minimum of				Safe withd						
(2) staff members. This code is for non Medicaid eligible clients.					nal counseling					
					r treatment					
					service planning, as rec	uired, for managing	clients with			
					nditions, suicidal ideati					
				and other	and other conditions, which place clients at additional risk during					
				detoxificat						
					nonitoring (including vit	•	•			
					ining in normal range fo	or at least 4 hours; th	en every 8 hours			
				until disch Routine m	arge) onitoring of physical an	d montal status				
APPLICABLE PO	ΡΙ ΙΙ ΔΤΙΩΝί	SI		• Routine III	officorning of prhysical arr	u mentai status				
☐ Child (0-11)		✓ Adol (12-17)	✓ Young Ac	dult (18-20)	✓ Adult (21-64)		: (65+)			
PLACE OF SERVI	CE (POS)	, ,		,			,			
☐ School (03)	` ,	☐ Mobile Unit (15)	☐ NF (32)		☐ CMHC (53)	☐ CORF (6:	2)			
☐ Shelter (04)		☐ Temp Lodge (16)	☐ Cust Care	e (33)	☐ ICF-MR (54)	☐ Public H	ealth Clinic (71)			
☐ Prison/CF (09)	☐ Urgent Care (20)	☐ Hospice (☑ RSATF (55)		alth Clinic (72)			
☐ Office (11)		☐ ER Hosp (23)	☐ Indepndt		☐ PRTF (56)	☐ Other PC	OS (99)			
☐ Home (12)		☐ Amb Surg Ctr (24)	☐ FQHC (50	•	☐ Non-Residential S					
☐ ALF (13) ☐ Group Home	(1.4)	☐ MTF (26) ☐ SNF (31)	☐ Inpt PF (5		Treatment Cntr (5	o/)				
MODIFIER	(14)	☐ 2MF (21)	UNIT	52)	□ CIKF (01)	DURATION				
✓ AF	□нм	✓ SA	☐ Encounte	or	☐ 1 Hour	Minimum:				
☑ AH	☑ HN	□ TD	☑ Day	.,	☐ 3 Hours	Maximum:	•			
□ HA		□ TE	☐ 15 Minut	es			. 4			
□ нв	✓ HP	☐ TF	ALLOWED N	AODE(S) OF DELI	VERY					
□нс	\square HQ	☐ TG	☑ Face-to-F	ace	☐ Group (HQ)	☐ Telemed	licine			
□ HD	\square HR	□ UK	☐ Video Co	nference	☐ Family	☐ Teleconf	ference			
□ HG	☐ HS	□ 22	☐ Telephon		✓ On-Site					
□нн	□нт	□ 52	✓ Individua	<u> </u>	☐ Off-Site					
MINIMUM STAI	-			□ Cant D	vention Specialist	☑ MD/DO (AF)				
☐ Peer Specialis		□ APRN (SA) el ☑ LAC/LCSW (AJ)/LN	ACT/LDC		•	☑ MD/DO (AF) ☐ QMAP				
☐ Less than Bac (HM)	ileioi s Lev	Unlicensed EdD/P		☑ CAC I	EdD/PhD/PsyD (AH)	☐ QIVIAP ☐ Treatment Facil	itv			
□ LPN/LVN (TE)		✓ Unlicensed Maste	. , , ,	☑ CAC II		☐ Interpreter for I	,			
☑ Bachelor's Le		☐ Licensed non-phys	, ,	☑ CAC III		Hearing				
☐ Psych. Tech	` '	practitioner (NPP)		✓ NP (SA)		☐ Dentist (only fo	r SBIRT codes)			
☐ RN (TD)		. ,		□ PA ` ´		, ,	•			
☐ RxN (SA)										

	Social	Ambulatory	/ Detoxification	on Services			
CPT ®/HCPCS PROCED	URE CODE		PROCEDURE	CODE DESCRIPTION		USAGE	
	H0013		•	r drug services; acute de diction program outpati		☐ Medicaid ☑ OBH	
SERVICE DESCRIPTION			MINIMUM D	OCUMENTATION RE	OUIREMENTS		
	patient acute detoxification for al	cohol and	Date of se		<u></u>		
or drug services conducted in a licensed health care or addiction treatment facility. Individuals receive face-to-face interactions to medically manage and monitor withdrawal symptoms (including severe physical and psychological symptoms) that require medical management with medications and 24 hour medical care from medical professionals. The goal of acute outpatient detoxification services is to stabilize the patient. The program shall be staffed with the appropriate personnel to meet the needs of residents 24 hours per day.			 Start and Stop time (duration) Documentation of all monitoring activities and evaluations Log of vital signs (taken every two (2) hours until the patient remains in a normal range for at least four (4) hours, then taken every eight (8) hours thereafter until discharged. Documentation of discharge procedures (information shall be communicated to the patient about the effects of alcohol and drugs; risk factors associated with alcohol and drug abuse such as acquiring or transmitting HIV/AIDS; availability of testing and counseling for HIV/AIDS, TB, Hepatitis C, other infectious diseases, and pregnancy; availability of alcohol and drug abuse treatment services). Signed with 1st initial, last name & credentials 				
NOTES			EXAMPLE AC	CTIVITIES			
Facility providing this serv staff with, or working tow ambulatory detoxification	d for a minimum of 24 Hours. A trice should have a maximum of 2. Pards, a CAC I certification. Social a services are limited to seven (7) a is for non Medicaid eligible clier	5% of its days per	 Safe withdrawal Motivational counseling Referral for treatment Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ Clinical interventions based on service plan Admission documentation All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) 				
APPLICABLE POPULAT	ION(S)		- Rodeline II	nonitoring of physical an	a mentar status		
		☑ Voung A	Ault (10 20)	☑ Adul+ (21 C4)	- Coriotria	165.1	
☐ Child (0-11)	☑ Adol (12-17)	Young A	Adult (18-20)	☑ Adult (21-64)	☑ Geriatrio	. (65+)	
PLACE OF SERVICE (PO						-,	
☐ School (03) ☐ Shelter (04) ☐ Prison/CF (09) ☐ Office (11) ☐ Home (12) ☐ ALF (13) ☐ Group Home (14)	☐ Mobile Unit (15) ☐ Temp Lodge (16) ☐ Urgent Care (20) ☐ ER Hosp (23) ☐ Amb Surg Ctr (24) ☐ MTF (26) ☐ SNF (31)	☐ NF (32) ☐ Cust Car ☐ Hospice ☐ Indepnd ☐ FQHC (5 ☐ Inpt PF ((34) St Clinic (49) (50) (51)	☐ CMHC (53) ☐ ICF-MR (54) ☑ RSATF (55) ☐ PRTF (56) ☐ Non-Residential S Treatment Cntr (5) ☐ CIRF (61)	□ Rural He □ Other Po SA	ealth Clinic (71) ealth Clinic (72)	
MODIFIER		UNIT			DURATIO	N	
☐ AF ☐ HH ☐ HN ☐ HA ☐ HO	☑ SA ☑ TD ☑ TE	☐ Encount ☑ Day ☐ 15 Minu	utes	☐ 1 Hour ☐ 3 Hours	Minimum: Maximum: fiscal year	24 Hours 7 Days per state	
□ HB ☑ HP	□ TF		O MODE(S) O	F DELIVERY			
□ HC □ HQ □ HD □ HR □ HG □ HS □ HM □ HT	□ TG □ UK □ 22 □ 52	✓ Face-to-☐ Video Co☐ Telepho✓ Individu	onference one	☐ Group (HQ) ☐ Family ☑ On-Site ☐ Off-Site	□ Telemed □ Telecon		
MINIMUM STAFF REQ	UIREMENTS						
MINIMUM STAFF REQUIREMENTS ☐ Peer Specialist ☐ APRN (SA) ☐ Less than Bachelor's Level ☐ LAC/LCSW (AJ)/LMFT/LPC ☐ (HM) ☐ Unlicensed EdD/PhD/PsyD (HP) ☐ LPN/LVN (TE) ☐ Unlicensed Master's Level (HO) ☐ Bachelor's Level (HN) ☐ Licensed non-physician ☐ Psych. Tech ☐ practitioner (NPP) ☐ RN (TD) ☐ RxN (SA)				evention Specialist d EdD/PhD/PsyD (AH)	☐ MD/DO (AF) ☐ QMAP ☑ Treatment Faci ☐ Interpreter for Hearing ☐ Dentist (only fo	Deaf and Hard	

	Social A	Ambulato	ory Detoxification	n Services				
CPT ®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO	DE DESCRIPTION		USAGE		
	H0014		Alcohol and/or dr	ug services; ambulatory	detoxification	☐ Medicaid ☑ OBH		
SERVICE DESCRIPTION			MINIMUM DOO	CUMENTATION REQU	IREMENTS			
The face-to-face medical monitoring of the physical process of withdrawal from AOD for those clients with an appropriate level of readiness for behavioral change and level of community/social support. Indicated when the client experiences physiological dysfunctions during withdrawal, but life or significant bodily functions are not threatened (i.e., mild to moderate withdrawal symptoms). Services are supervised by an MD/DO in a residential setting. The focus is on rapid stabilization and entry into the appropriate level of care/treatment. Social/Ambulatory Detoxification includes supervision, observation and support for individuals whose intoxication/withdrawal signs and symptoms are severe enough to require a 24 hour structured program but do not require hospitalization.			 Admission documentation Date of service Start and stop time (duration) Safe withdrawal Motivational counseling Referral for treatment Additional service planning, as required, for managing clients with medical conditions, suicidal ideation, pregnancy, psychiatric conditions, and other conditions, which place clients at additional risk during detoxification.¹ Clinical interventions based on service plan All detox monitoring (including vital signs taken at least every 2 hours until remaining in normal range for at least 4 hours; then every 8 hours until discharge) Routine monitoring of physical and mental status Discharge information communicated to client (effects of AOD, risk factors associated with AOD abuse for HIV/AIDS, TB and other infectious diseases, and pregnancy; information about availability of testing and pre-/post-test counseling for HIV/AIDS, TB, Hep C and other infectious diseases, and pregnancy; and the availability of AOD treatment services) 					
NOTES			Signed with 1st initial, last name & credentials EXAMPLE ACTIVITIES					
or NP. Other rehabilitative	ON(S) ☑ Adol (12-17)	✓ Young NF (33	Care (33) ice (34) andt Clinic (49) (50) F (51)	✓ Adult (21-64) ☐ CMHC (53) ☐ ICF-MR (54) ☑ RSATF (55) ☐ PRTF (56) ☐ Non-Residential SA Treatment Cntr (57) ☐ CIRF (61)	☐ Rural He ☐ Other PC	2) ealth Clinic (71) ealth Clinic (72)		
MODIFIER	□ 3N1 (31)	UNIT	IF (32)		DURATIO	N		
☑AF	☑ SA □ TD □ TE □ TF □ TG □ UK □ 22 □ 52	☐ Encou ☑ Day ☐ 15 Mi ALLOW ☑ Face-	inutes ED MODE(S) OF I to-Face Conference hone	☐ 1 Hour ☐ 3 Hours DELIVERY ☐ Group (HQ) ☐ Family ☑ On-Site ☐ Off-Site	Minimum: Maximum:	N/A 12 hour dicine		
BAINIBALIBA CTATE DE CO	UDENAFAITE							
MINIMUM STAFF REQU ☐ Peer Specialist ☐ Less than Bachelor's Level (HM) ☐ LPN/LVN (TE) ☐ Bachelor's Level (HN) ☐ Psych. Tech ☐ RN (TD) ☐ RxN (SA)	☐ APRN (SA) ☐ LAC/LCSW (AJ)/LMFT/LPC ☐ Unlicensed EdD/PhD/Psy ☐ Unlicensed Master's Leve ☐ Licensed non-physician practitioner (NPP)	D (HP)		ention Specialist EdD/PhD/PsyD(AH)	✓ MD/DO (AF) ☐ QMAP ☑ Treatment Faci ☐ Interpreter for Hearing ☐ Dentist (only for	Deaf and Hard		

Uniform Service Coding Standards Manual 2015

TREATMENT							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE C	USAGE			
	H0015		Alcohol and/or drug services; intensive outpatient program ✓ Medicaid ✓ OBH				
SERVICE DESCRIPTION			MINIMUM DOCUMENT	TATION REC	QUIREMENTS		
A structured substance as on assisting clients to de lives and to build a found Services are based on a cindividualized and recovutilizing multiple concurred modalities rendered by a	velop skills to reg dation based upo comprehensive a ery-oriented trea rent services and	ain stability in their n recovery. nd coordinated tment/service plan, treatment	ng their See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda plan, How does the service relate to the treatment plan? 2. Description of the service				
NOTES			EXAMPLE ACTIVITIES				
Intensive outpatient properties in accurate must be in accurate. II.1 criteria (minimum of adults, 6 hours per week	cordance with CC 9 treatment hou	R 502-1 ASAM level rs per week for	Sessions focus on ruse by providing reeducation	_			
APPLICABLE POPULATIO	N(S)		UNIT		DURATION		
☑ Adol (12-17) (18-		■ Adult (21-64) ■ Geriatric (65+)	Encounter ☐ 15 ☐ Day ☐ 1 H	Minutes Iour	Minimum: 180 m Maximum: NA	ninutes	
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVICE CA	TEGORY(IE	•		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/F	S)	☑ SP (HE) ☐ Other SP (TG) ☐ Residential (SC) ☑ HF (2 nd modifier-SUD	☐ ICM ☐ ACT ☐ Resp	(HK)	(HJ) bhouse (HB) overy (TS) //EI (HT)	
STAFF REQUIREMENTS							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	図Unlicensed Master's Level (図 LAC/LCSW (AJ)/LSW/ LMFT	∠ Licensed I	HP) □ CAC I EdD/ ☑ CAC II	□ LPN/LV □ RN (TD □ APRN (:) □ PA (PA))	
PLACE OF SERVICE (POS)							
☑Office (11) ☑ ☐ Mobile Unit (15) ☑	ACF (13) Cust Care (33) Grp Home (14) Home (12)	☑ICF-MR (54) ☑NF (32)	区 Shelter (04) 区SNF (31) 区FQHC (50) 区Independent Clinic (49)	☐ Inpt ☐ ER (2	PF (51) ► Sc 23) ► NF	rison/CF (09) hool (03) RSATF (57) ther POS (99)	

RESIDENTIAL SERVICES -	RESIDENTIAL SERVICES – ACUTE TREATMENT UNIT (ATU)							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE						
	Behavioral health; residential (hospital residential 🗵 Medicaid							
H0017	treatment program), without room and board, per	⊠ OBH						
	diem							
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS							
24-hour per day hospital facility (licensed by the State	Technical Documentation Requirements							
Hospital Authority) without room and board, at an LOC	See Page 253							
where a planned program of professionally directed	Service Content							
evaluation, care and treatment for the restoration of	Shift Notes or Daily Note (summary of shift notes)							
functioning for persons with behavioral health disorders	1. Clients current clinical status, e.g. symptoms or pe	rtinent mental						
occurs.	status and functioning status							
	2. Participation in treatment							
	3. Pertinent physical health status information	22420						
	 Progress toward treatment plan goals and/or discled. Any other client activities or client general behavious 	_						
	6. The therapeutic intervention(s) utilized and the inc							
	response to the intervention(s)	aividuai 3						
	All individual and group services, provided by resident	rial staff. e.g.						
	skills training group, individual therapy, med administ							
	although included in the per diem, should be identifie							
	These services can be all included in the same docume	entation as the						
	daily/shift notes or in a separate note. Refer to appro	priate service						
	procedure code minimum documentation for each se	rvice.						
NOTES	EXAMPLE ACTIVITIES							
LOS averages 3 – 7 days, but generally no longer than 30								
days. All services provided by internal professionals in the								
residential settings within the period are covered with this								
code. Any discrete services (e.g., family, group and individual								
psychotherapy, psychiatric services, case management, etc.) provided by external professionals (non-residential staff) are								
documented, and reported or billed separately from H0017.								
APPLICABLE POPULATION(S)	UNIT DURATION							
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: N/A							
☐ Adol (12-17) (18-20) ☐ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: 24 hou	ırs						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)							
V Face to Face V Individual	☑ SP (HE)* ☐ Voc (HJ)						
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☑ Group (HQ)	☐ Other SP (TG) ☐ ICM (SK) ☐ Clubbo	use (HB)						
☐ Telephone ☐ Family (HR/HS)	☐ Recove	ry (TS)						
	*young adult	(HT)						
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Unlicensed Master's ☑ Unl	licensed EdD/							
Level (HO) PhD/P	DOVID (HD) X OMAD X LPN/LVN (TE)	⊠ RxN (SA)						
Level (HM) ΣΙ (CSW (ΔΙ)/ISW/ ΣΙ Lice	prend EdD/	⊠ PA (PA)						
Bachelor's Level (HN)	syD (AH) ⊠ APRN (SA)	⊠ MD/DO (AF)						
PLACE OF SERVICE (POS)								
 ✓ CMHC (53) ✓ ACF (13) ✓ Hospice (34) 	□ Inpt Hosp (21) □ Prison/	CF (09)						
\square Office (11) \square Cust Care (33) \square ICF-MR (54)	☐ Shelter (U4) ☐ Inpt PE (51) ☐ School							
\square Mobile Unit (15) \square Grp Home (14) \square NF (32)	☐ SNF (31) ☐ EP (32) ☐ Other E							
\square Outp Hospital(22) \square Home (12) \boxtimes PRTF (56)	☑ RCCF (56) ☐ PF-PHP (52) ☐ FQHC (

RESIDENTIAL SERVICES							
CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE	DESCRIPTION		USAGE		
		Behavioral health; sh	nort-term resid	dential (non-	☑ Medicaid		
H0018		hospital residential t	reatment prog	gram), without	⊠ OBH		
		room and board, per	r diem				
SERVICE DESCRIPTION		MINIMUM DOCUME	ENTATION REC	QUIREMENTS			
A short-term residential treatment program offering	ng 24-hour	Technical Document	tation Require	ements			
intensive residential treatment, habilitative, and		See Page 253					
rehabilitative services for up to 30 days in a highly		Service Content					
structured, community-oriented environment. Thi		Shift Notes or Daily N					
program is appropriate for clients who need conce				.g. symptoms or per	tinent mental		
therapeutic services prior to community residence		status and function	_				
focus of services is to stabilize the client and provi	de a safe	2. Participation in to					
and supportive living environment.		3. Pertinent physica					
				n goals and/or disch	_		
		5. Any other chefit a	activities or cir	ent general behavio	rs in milieu		
		All individual and gro	oun convicos n	royidad by rasidant	ial staff o g		
		skills training group,			. •		
		although included in					
		These can be all inclu					
		daily/shift notes or in					
		procedure code for r	•				
		service.					
NOTES		EXAMPLE ACTIVITIES	S				
All services provided by internal professionals in th	ie						
residential settings within the period are covered v	with this						
code. Any discrete services (e.g., family, group and	individual						
psychotherapy, psychiatric services, case manager							
by external professionals (non-residential staff) are							
documented, and reported or billed separately fro							
This does not include services for children who are	in						
custody of the Department of Human Services.							
For Services provided at a Crisis Service Site includ	e tne						
modifier ET in fields 2 through 4.		LINUT DUDITION					
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult	(21.64)	UNIT ☐ Encounter ☐	15 Minutes	Minimum: N/A			
•	(21-04) tric (65+)		1 Hour	Maximum: 24 Hou	rc		
ALLOWED MODE(S) OF DELIVERY	tric (031)	PROGRAM SERVICE			3		
- (-)		⊠ SP (HE)*					
☑ Face-to-Face			☐ ICM (SK)	□ Voc (HJ)			
☐ Video Conf (GT)			☐ ACT (HK)	☐ Clubhou			
☐ Telephone		* For child/adol/	☐ Respite (SY	Recover			
		young adult		Prev/El	(П1)		
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Unlicensed	☑ Unlicense	ed EdD/					
Less Than Bachelor's Master's Level (HO)	PhD/PsyD (F		☑ LPN/LV				
Level (HIVI)	∠ Licensed I		⊠ RN (TD)		A.F.\		
X Rachelor C Leviel (HIVI)	PhD/PsyD (A		🗵 APRN (S	SA) 🗵 MD/DO (AF)		
PLACE OF SERVICE (POS)							
• •		☐ Shelter (04)					
	spice (34)	☐ SNF (31)	☐ Inpt Hosp				
	-MR (54)	⊠ RCCF (56)	☐ Inpt PF (5:				
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF			☐ ER (23)	Other Po			
☐ Outp Hospital(22) ☐ Home (12) ☑ PR	ΓF (56)	(,	☐ PF-PHP (5	2) ☐ FQHC (5	U)		

RESIDENTIAL SERVICES							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
	Behavioral health; long-term residential (non-	☑ Medicaid					
H0019	medical, non-acute care in a residential treatment	⊠ OBH					
110013	program where stay is typically longer than 30 days),						
	without room and board, per diem						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
A residential treatment program offering 24-hour supervised	Technical Documentation Requirements						
residential treatment, habilitative, and rehabilitative services	See Page 253						
in a structured, community-oriented environment. Also	Service Content						
called "transitional living," services include organized	Shift Notes or Daily Note (summary of shift notes)						
rehabilitation services as well as assistance in obtaining	1. Clients current clinical status, e.g. symptoms or pert	inent mental					
appropriate long-term living arrangements. Services are	status and functioning status						
designed for individuals who have the potential and	2. Participation in treatment						
motivation to ameliorate some skills deficits through a	3. Pertinent physical health status information						
moderately structured rehabilitation program that stresses	4. Progress toward treatment plan goals and/or discha	-					
normalization and maximum community involvement and	5. Any other client activities or client general behavior	s in milieu					
integration, including daily living and socialization skills	All to distribute and annual constant and the constant and the	.l					
training; case management and benefit attainment	All individual and group services, provided by residentia	_					
(community supports); recreational activities; educational and support activities; and access to therapeutic	skills training group, individual therapy, med administra although included in the per diem, should be identified						
interventions as necessary.	These can be all included in the same documentation as						
interventions as necessary.	daily/shift notes or in a separate note. Refer to appropr						
	procedure code for required minimum documentation						
	service.	ioi cacii					
NOTES	EXAMPLE ACTIVITIES						
All services provided by internal professionals in the							
residential settings are covered with this code. Any discrete							
services (e.g., family, group and individual psychotherapy,							
psychiatric services, case management, etc.) by external							
professionals (non-residential staff) are documented, and							
reported or billed separately from H0019. This does not							
include services for children who are in custody of the							
Department of Human Services.							
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes						
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: 24 Hours	S					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
☐ Video Conf (GT)	, ,	ouse (HB)					
☐ Telephone ☑ Family (HR/HS)	⊠ Residential (SC)						
CTAFF DECLUDERAFAITC	* child/adol/ young adult	EI (HI)					
STAFF REQUIREMENTS Solve Peer Specialist							
V Loss Than Pacholor's V Unlicensed V Unlicensed	· X DN/ \/N / E X QV	M (SA)					
Master's Level (HO) PND/PsyD ((HP) 🖾 QIVIAP 🔽 DN (TD) 🔽 DA						
Rachelor's Level (HN) Rachelor's Level (HN)	I EdD/)/DO (AF)					
Intern LMFT/ LPC PhD/PsyD (□ Intern	(AH)	,,50 (,,, ,					
PLACE OF SERVICE (POS)							
	☐ Shelter (04) ☐ Inpt. Horn (21) ☐ Pricon/Cl	(00)					
 ☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) 	☐ SNE(C1) ☐ Inpt Hosp (21) ☐ Prison/Ci						
\square Office (11) \square Cust Care (33) \square ICF-MR (54) \square Mobile Unit (15) \square Grp Home (14) \square NF (32)	区 RCCF (56) □ FR (23) ☑ Other PO						
$\square \text{ Mobile Offit (13)} \qquad \boxtimes \text{ Gip Home (14)} \qquad \square \text{ NF (32)}$ $\square \text{ Outp Hospital(22)} \qquad \square \text{ Home (12)} \qquad \boxtimes \text{ PRTF (56)}$	✓ SATF (55) *OBH ☐ FK (23) ☐ FQHC (50)						
= = = = = = = = = = = = = = = = = = =		'1					

SUBSTANCE USE TREATMENT SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H0020	Alcohol and/or drug services; Methadone					
	administration and/or service (provisions of the	⊠ OBH				
	drug by a licensed program)					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
This service includes the acquisition and cost of the	Technical Documentation Requirements					
Methadone and administration of the drug by an alcohol	See Page 253					
and/or other drug program for the purpose of decreasing or	Service Content					
eliminating dependence on opiate substances.	 Medication take-home agreements (whe 	n applicable)				
	Daily dosage					
Note: Methadone administration is considered only one	3. Induction notes (when applicable)					
service of an array /set of services, including SUD group and	Daily acknowledgement form signed by c					
individual therapy, and other outpatient services that should	Daily observation by a medical profession					
be established as the treatment protocol and carefully	6. Take home documentation can be complete.					
monitored for adherence by the treatment facility.	include dates doses are to be taken and e	each dose amount				
	should be included in the single note.					
NOTES	EXAMPLE ACTIVITIES					
Methadone administration must be provided by a facility	The measuring, diluting and/or mixing of Metha					
with a controlled substance license from the Office of	dosage that is appropriate for the client's plan of					
Behavioral Health (OBH), be registered with the Drug	administered by a qualified physician, physician					
Enforcement Administration (DEA) and have a designated	nurse practitioner, which is subsequently delive	ered to the client				
medical director to authorize and oversee Opioid Treatment	for oral ingestion.					
Program (OTP) physicians. Staff must be licensed through	Note: this code includes the acquisition of the N					
the Office of Behavioral Health and be certified through Substance Abuse and Mental Health Services Administration	for treatment as a pre-requisite to the actual administration of					
	the drugs.					
(SAMHSA) as opioid medication assisted treatment providers. The methadone is ordered from the manufacturer						
by the OTP physician and delivered to the facility. Take-						
home doses permitted in accordance with OBH Rule 21.320						
and reported in claims with one unit H0020 per claim line,						
per date the dose given for, with POS "home" for dates						
when a dose was provided to take at home, and POS "office"						
or "outpatient facility" etc. for date take-home doses						
physically handed to the client.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A					
☑ Adol (12-17)* (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual	SP (HE) □ ICM (SK)] Voc (HJ)				
X nackaged for	☐ Other SP (TG) ☐ ACT (HK)	Clubhouse (HB)				
☐ Video Conf (GT) ☐ Group (HQ) take home ☐ Telephone ☐ Family (HR/HS)	Li Residentiai (SC)	Recovery (TS)				
Li releptione Li Family (HK/HS)	✓ Respite (SY)✓ HF (2nd modifier-SUD)] Prev/EI (HT)				
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Unlicensed Master's ☐ Unlicensed Master ☐ Unlicensed	censed EdD/ □ QMAP ⊠ LPN/LVN (TE)	☑ RxN (SA)				
D Bachalor's Level (HM) Level (HU) PND/PS	YD (HP) ☐ CAC I 🗵 RN (TD) 🗵	PA (PA)				
□ LAC/LCSW (AJ)/LSW/ □ Licer	rsed EdD/ (`\D(`)	MD/DO (AF)				
LMF1/ LPC PhD/Ps	yD (AH) ☐ CAC III	I WID DO (AI)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34)		Prison/CF (09)				
☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)		School (03)				
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)		NRSATF (57)				
☑ Outp Hospital(22) ☑ Home (12) ☐ PRTF (56)	☑ Independent Clinic (49) ☑ PF-PHP (52) □	Other POS (99)				

^{*}For clients 17 and under, Federal regulations must be followed for this service.

	Prevention							
CPT ®/HCPCS PRO	OCEDU	RE CODE		PROCED	OURE C	ODE DESCRIPTION		USAGE
		H0021		Alcohol and/or drug training service (for staff and				
		HUU21		_		employed by provide		⊠ OBH
SERVICE DESCRIP						CUMENTATION REQ	UIREMENTS	
		port staff and personnel (not			e of ser			
		provider) on topics related to				top time (duration)		
		ug services of which that pers	son			participants		
	IIIVOIVE	d with providing to a client.			e of ser			
NOTES				EXAMPL			reannal an anu a	f the following
				_		include educating pe is diseases (AIDS/HIV)		_
						l precautions against		
						ing vital signs	becoming infecti	eu
						ing assessment and t	riago including id	Hontifying
						deation	riage, iriciuuliig it	dentifying
						cy procedures and th	neir imnlementat	ion
					_	g urine, and breath s		
						factors that impact d		
						thics and confidentia		
						ecords systems	,	
						ating potentially dang	gerous situations	
						unseling and motivati		
						al skills or services ne		_
				and other drug disorders				
APPLICABLE POP	ULATIC	DN(S)						
☐ Child (0-11)		☑ Adol (12-17)	✓ Young	g Adult (18	8-20)	☑ Adult (21-64)	☑ Geriatr	ic (65+)
PLACE OF SERVICE	CE (POS	1						
☑ School (03)		☑ Mobile Unit (15)	☐ NF (32			☑ CMHC (53)	☐ CORF (•
☑ Shelter (04)		☑ Temp Lodge (16)	☑ Cust C			☐ ICF-MR (54)		Health Clinic (71)
☑ Prison/CF (09))	☑ Urgent Care (20)	☐ Hospi			☐ RSATF (55)		lealth Clinic (72)
☑ Office (11)		☐ ER Hosp (23)		ndt Clinic	(49)	□ PRTF (56)	☑ Other F	POS (99)
☑ Home (12)		☐ Amb Surg Ctr (24)	☑ FQHC			✓ Non-Residential		
☐ ALF (13) ☑ Group Home (111)	☐ MTF (26) ☐ SNF (31)	☐ Inpt P ☐ PF-PH			Treatment Cntr ((37)	
MODIFIER	14)	□ 3NF (31)	UNIT	F (32)		CINF (01)	DURATIO	N
	☑ HM	✓ SA	☐ Encou	ınter		☐ 1 Hour	Minimum	
	☑ HN	☑ 5/t ☑ TD	☐ Day	inter		☐ 3 Hours	Maximum	
	✓ HO	☑ TE		nutes		_ 0 0 0		, / .
	☑ HP	□TF		D MODE((S) OF E	DELIVERY		
	☑ HQ	□TG	☑ Face-t			☑ Group (HQ)	☑ Teleme	edicine
□ HD	\square HR	□ uĸ		Conferen	nce	☐ Family	☐ Teleco	
□ HG	\square HS	□ 22	☐ Telepl	hone		☑ On-Site		
□нн	□HT	□ 52	☑ Individ	dual		☑ Off-Site		
MINIMUM STAF		IREMENTS						
☑ Peer Specialist		☑ APRN (SA)				evention Specialist	☑ MD/DO (AF)	
☑ Less than Bach	nelor's	☑ LAC/LCSW (AJ)/LM				ed EdD/PhD/PsyD	☐ QMAP	
Level (HM)		☑ Unlicensed EdD/Ph		-	(AH)		☑ Treatment F	
☑ LPN/LVN (TE)	1 /1 1818	☑ Unlicensed Master ☐ Licensed Haster ☐ Lic	•	•	CAC I		☐ Interpreter f	or Deaf and
☑ Bachelor's Lev	ei (HIN)	' '	cian		CAC III		Hard Hearing	, for CDIDT
☑ Psych. Tech ☑ RN (TD)		practitioner (NPP)			NP (SA)	١	☐ Dentist (only codes)	/ IUI SDIKI
☑ RN (TD) ☑ RxN (SA)				<u>v</u> i		J	couesi	

Intervention						
CPT ®/HCPCS PROCEDU	RE CODE		PROCEDURE C		USAGE	
	H0022		Alcohol and/or facilitation)	drug intervention servi	ce (planned	☐ Medicaid☑ OBH
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQUI	REMENTS	
A planned alcohol and/o	or drug intervention service (often an	Date of ser	vice		
	to assist a person with absta	aining	 Client dem 	ographic information		
from alcohol and or dru	g usage.		 Specific int 	ervention service used		
			 Clients res 	ponse		
			 Referral fo 	r treatment (if necessar	y)	
			 Signed wit 	h 1st initial, last name &	credentials	
NOTES			EXAMPLE ACT			
				nt talking to involuntary		manager
			involving invol	untary commitment clie	nts.	
APPLICABLE POPULATION	1 /					
☑ Child (0-11)	☑ Adol (12-17)	Young	Adult (18-20)	☑ Adult (21-64)		ic (65+)
PLACE OF SERVICE (POS	•		<u>. </u>			>
☑ School (03)	☐ Mobile Unit (15)	☐ NF (32	•	☑ CMHC (53)	☐ CORF (•
☑ Shelter (04)	☐ Temp Lodge (16)	☐ Cust C		☐ ICF-MR (54)		Health Clinic (71)
☑ Prison/CF (09)	☐ Urgent Care (20)	Hospic		☐ RSATF (55)		ealth Clinic (72)
☑ Office (11) ☑ Home (12)	☐ ER Hosp (23)	•	ndt Clinic (49)	□ PRTF (56)☑ Non-Residential SA	☐ Other F	7OS (99)
☐ ALF (13)	☐ Amb Surg Ctr (24) ☐ MTF (26)			Treatment Cntr (57)		
☐ Group Home (14)	☐ SNF (31)	•	☐ Inpt (1) Treatment Chit (37)			
MODIFIER	= 3111 (31)	UNIT				
✓ AF □ HM	✓ SA	☑ Encou	nter	☐ 1 Hour	Minimum	
☑ AH □ HN	☑ TD	☐ Day		☐ 3 Hours	Maximum	•
□на □но	☑ TE	☐ 15 Mir	nutes			•
□НВ □НР	☐ TF	ALLOWE	D MODE(S) OF I	DELIVERY		
□ HC ☑ HQ	☐ TG	☑ Face-t	o-Face	☑ Group (HQ)	☐ Teleme	edicine
☐ HD ☐ HR	□ UK	☐ Video	Conference		☐ Teleco	nference
☐ HG ☐ HS	□ 22	☐ Teleph	none	☑ On-Site		
□нн □нт	□ 52	☑ Individ	lual	☑ Off-Site		
MINIMUM STAFF REQU						
☐ Peer Specialist	☑ APRN (SA)			evention Specialist	☑ MD/DO	AF)
☐ Less than Bachelor's	☑ LAC/LCSW (AJ)/LM			ed EdD/PhD/PsyD (AH)	☐ QMAP	
Level (HM)	☐ Unlicensed EdD/Ph	. , .	•		☑ Treatme	,
☑ LPN/LVN (TE)	☐ Unlicensed Master		•			er for Deaf and
☐ Bachelor's Level (HN)		ıcıan	☑ CAC III	.	Hard Hearin	
☐ Psych. Tech ☑ RN (TD)	practitioner (NPP)		☑ NP (SA ☑ PA)	☐ Dentist (codes)	only for SBIRT
I V K V I I J						

PREVENTION/EARLY INTERVENTION SERVICES – OUTREACH AND DROP-IN SERVICES					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H0023	Behavioral health outreach service (planned	☑ Medicaid			
110023	approach to reach a population)	⊠ OBH			
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
A planned approach to reach a population within their	Technical Documentation Requirements				
environment for the purpose of preventing and/or	See Page 253				
addressing BH issues and problems. Services may include	Service Content for Outreach Service				
Developing an alliance with a consumer to bring him/her	1. The reason for the visit/call. What was the intend	ed goal or			
into ongoing treatment	agenda?				
Re-engagement effort including utilizing drop-in center	2. Description of the service				
services • Prevention/Intervention activities delivered to individuals	3. Outreach services provided and the individual's r4. Plan for next contact(s) including any follow-up o				
and family	needed with 3 rd parties, if applicable	Coordination			
and ranning	Service Content for Drop-in Center				
These individuals may or may not have currently consented	Screening initially and every 6 months to determ	nine probable			
to receive services.	behavioral health diagnosis	ште рговавіс			
Drop-in centers are a form of outreach where a safe	Daily Sign-in/Sign out with time (for unit calcula	tion)			
environment for outreach to and engagement of	3. Name, DOB, or SS#/Medicaid ID #				
adolescents or adults with mental illness is provided. Such	4. Once/month self-eval by member on benefits o	f drop-in			
sites may be peer driven and may be operated	service, progress toward their recovery goals, o				
independently of other behavioral health services.	information about their participation				
Education about mental health systems are provided at					
these sites.					
NOTES	EXAMPLE ACTIVITIES				
Activities occur primarily off-site (e.g., food bank, public	 Initiating non-threatening conversation and info 	rmally			
shelter, etc.),by telephone or at drop-in centers	identifying need for BH services, with repeat contact over time				
Drop-in centers:	in an effort to engage an individual into services				
 Promote ongoing recovery through peer support, 	Respond to referrals as requested by police, landlords, etc., of				
advocacy, empowerment and social skills dev.	individuals suspected of having an SMI/SPMI/SED and in need				
 Confirmed diagnosis not needed 	of BH services				
 If in treatment inform provider of attendance 	Outreach to re-engage individuals who are at risk for dispuration from convices.				
 Clinical consultation by MA level staff available 	disengaging from services				
during hours of operation and for peer supervision	Activities at drop-in centers include: infor and r				
ADDITION (C)	plan groups, mental illness education, support groups, etc				
APPLICABLE POPULATION(S) © Child (0-11)* © Adult (24.64)	UNIT DURATION				
*anh outroach	☐ Encounter ☑15 Minutes Minimum: 8 min				
(18-20) ☑ Adol (12-17) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
	Voc	(HJ)			
V Face to Face	✓ State Plan (HE)* ✓ Club	house (HB)			
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☑ Group (HQ)	☐ Other SP (TG) ☐ ICM (SK) drop-ir ☐ Residential (SC) ☐ ACT (HK)	center only			
☑ Video Colli (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS)	▼ UE (2nd modifier SUD) □ Posnito (SV) □ Reco	overy (TS)			
≥ railing (TityTiS)	※ child/adol/young adult	/EI (HT) adult			
	outrea	ch service only			
STAFF REQUIREMENTS					
	☑ Unlicensed EdD/ Ph D (Day D (UR)) □ CAMAD □ LPN/LVN (TE)	☑ RxN (SA)			
	PhD/PsyD (HP) □ QMAP ⊠ RN (TD)	⊠ PA (PA)			
	☑ Licensed EdD/ ☑ APRN (SA)	⊠ MD/DO (AF)			
✓ Intern LMFT/ LPC I PLACE OF SERVICE (POS)	PhD/PsyD (AH)				
 ✓ CMHC (53)** ✓ ACF (13) ☐ Hospice (34) 	✓ Shelter (04) ☑ Inpt Hosp (21) ☐ Dri				
☑ Clyric (55) ☑ ACI (15) ☑ Hospice (54) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54)	△ Sheller (04)	son/CF (09)			
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)	△ 2NF (31) ☐ FR (23) △ 2CI	nool (03)			
☑Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☑ FQHC (50) ☑ ER (25) ☑ Otl	ner POS (99)**			

**Drop-In Centers use place of service codes 53 or 99.

			Pi	revention			
CPT ®/HCPCS PR	ROCEDU	RE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE
				Behavioral Hea	alth Prevention Inform	ation	☐ Medicaid
		110034		Dissemination Service (One-Way Direct or Non-			
		H0024		Direct Contact with Service Audiences to Affect			
				Knowledge and	d Attitude)		
SERVICE DESCRI	PTION			MINIMUM DO	CUMENTATION REQU	IREMENTS	
Services delivere	ed to tar	get audiences with the inter	nt of	 Number 	of participants		
affecting knowle	edge, att	itude and/or behavior throu	ıgh one-	Type of s	service		
way direct comr	nunicati	on education and information	on	, , , , , , , , , , , , , , , , , , ,			
dissemination.							
NOTES				EXAMPLE ACT	IVITIES		
Activities affect	critical I	ife and social skills, including	g but not	 Pamphlets 	, educational presenta	tions, Billboard	S
limited to decision	on-maki	ng, refusal skills, critical ana	lysis, and				
systematic judgr							
APPLICABLE PO	PULATIO						
☑ Child (0-11)		☑ Adol (12-17)	Young	g Adult (18-20)	✓ Adult (21-64)	☑ Geriatr	ic (65+)
PLACE OF SERVI	CE (POS)					
✓ School (03)		☑ Mobile Unit (15)	☐ NF (32	2)	☑ CMHC (53)	☐ CORF (
☑ Shelter (04)		☑ Temp Lodge (16)	✓ Cust C	Care (33)	□ ICF-MR (54)		Health Clinic (71)
☑ Prison/CF (09)	☑ Urgent Care (20)	☐ Hospi	ce (34)	□ RSATF (55)		lealth Clinic (72)
☑ Office (11)		☐ ER Hosp (23)	☐ Indep	ndt Clinic (49)	□ PRTF (56)	☑ Other F	OS (99)
☑ Home (12)		☐ Amb Surg Ctr (24)	✓ FQHC	(50)	☑ Non-Residential S.	A	
☐ ALF (13)		☐ MTF (26)	☐ Inpt P	☐ Inpt PF (51) Treatment Cntr (57)			
☑ Group Home	(14)	☐ SNF (31)	☐ PF-PH	PF-PHP (52) CIRF (61)			
MODIFIER			UNIT			DURATIO	
☑ AF	☑ HM	☑ SA	☑ Encou	ınter	☐ 1 Hour	Minimum	: N/A
☑ AH	☑ HN	☑ TD	☐ Day		☐ 3 Hours	Maximum	ı: N/A
□ на	☑ HO	☑ TE	☐ 15 Mi				
□ нв	☑ HP	□ TF		D MODE(S) OF I			
□нс	☑ HQ	□TG	☑ Face-t		☑ Group (HQ)	☑ Teleme	
□ HD	□ HR	□ UK		Conference		☐ Telecoi	nference
□ HG		□ 22	☑ Telep	hone	☑ On-Site		
□нн	□нт	□ 52	☑ Individual	dual	☑ Off-Site		
MINIMUM STAF							
☑ Peer Specialis		☑ APRN (SA)			vention Specialist	☑ MD/DO (AF	·)
☑ Less than Bac	helor's	☑ LAC/LCSW (AJ)/LMFT			EdD/PhD/PsyD (AH)	☐ QMAP	
Level (HM)		☑ Unlicensed EdD/PhD	, , ,				•
☑ LPN/LVN (TE)		☐ Unlicensed Master's				☐ Interpreter	tor Deaf and
☑ Bachelor's Le	vel (HN)		an	☑ CAC III		Hard Hearing	
☑ Psych. Tech		practitioner (NPP)		☑ NP (SA)		☐ Dentist (on	ly for SBIRT
☑ RN (TD)				☑ PA		codes)	
☑ RxN (SA)							

PREVENTION/EARLY INTERVENTION SERVICES — EDUCATION SERVICES								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CO	DE DESCRIPT	TION		USAGE	
	H0025		Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior) ☑ Medicaid ☑ OBH					
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATIO	N REQUIRE	MENTS		
Code H0025 includes the on issues of behavioral had knowledge, attitude and to assist individuals in ol Causes and symptoms of encourage early interveillness. Education involved distinguished from inforthat interaction between participants is the basis	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? 2. Description of the service 3. Prevention education provided and individual's response to the information 4. Plan for next contact(s), if applicable							
NOTES			EXAMPLE ACTIV	/ITIES				
Activities affect critical life and social skills, including but not limited to decision-making, refusal skills, critical analysis, and systematic judgment abilities.			 Classroom educational activities Education services/programs for youth on substance use Parenting/family management services Peer leader/helper programs Small group sessions Nurturing Parent Program Educational programs (safe and stable families) "Love and Logic" (healthy parenting skills) 					
APPLICABLE POPULATION	ON(S)		UNIT		DUR	ATION		
☑ Adol (12-17) (18-	-20) 🗵	Adult (21-64) Geriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minu ☐ 1 Hour		imum: N/A imum: N/A		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SER	VICE CATEGO	RY(IES)			
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		SP (HE)* Other SP (TG Residential (! HF (2 nd modi thild/adol/yo) SC) fier-SUD)	□ ICM (SK) □ ACT (HK) □ Respite (SY)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/EI (HT)	
STAFF REQUIREMENTS								
☑ Peer Specialist☑ Less Than Bachelor's Level (HM)☑ Bachelor's Level (HN)☑ Intern	(AJ)/LSW/ LIVIF1/	∠ Licensed	(HP) E	SI CACII [⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SE	×	l Rxn (SE) l PA (PA) l MD/DO (AF)	
PLACE OF SERVICE (POS				=	_			
☑ Office (11) ☐ Mobile Unit (15)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	 ☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56) 	⊠ Shelter (⊠ SNF (31) ⊠ FQHC (5	0)] Inpt Hosp] Inpt PF (5:] ER (23)] PF-PHP (5	1) × 5	Prison/CF (09) School (03) NRSATF (57) Other POS (99)	

	Prevention							
CPT ®/HCPCS PROCEDU	JRE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE		
	H0026		Alcohol and/or drug prevention process service, community-based (delivery of services to develop ☑ OBH					
CEDVICE DECEDIDATION			skills of impact		TRAFRITC			
SERVICE DESCRIPTION	Alternative to a second section of			CUMENTATION REQUIRE	EIVIENTS			
This service is provided through a community-based process that enhances the community's ability to provide prevention services. Community activities may include procurement or funding strategies, community organizing, community planning, collaboration, coalition building, coordination between organizations, and or networking.			 Number of participants Type of service 					
NOTES			EXAMPLE ACTI	IVITIES				
			 Systematic planning Community or volunteer training Community team building Organizational collaboration or coordination Coalition building Networking 					
APPLICABLE POPULATI	ON(S)	L		<u> </u>				
☑ Child (0-11)	☑ Adol (12-17)	✓ Young	Adult (18-20)	☑ Adult (21-64)		ic (65+)		
PLACE OF SERVICE (PO			, ,					
✓ School (03) ✓ Shelter (04) ✓ Prison/CF (09) ✓ Office (11) ✓ Home (12) ☐ ALF (13) ✓ Group Home (14)	✓ Mobile Unit (15) ✓ Temp Lodge (16) ✓ Urgent Care (20) □ ER Hosp (23) □ Amb Surg Ctr (24) □ MTF (26) □ SNF (31)	☐ NF (32) ☑ Cust Care (33) ☐ Hospice (34) ☐ Indepndt Clinic (49) ☑ FQHC (50) ☐ Inpt PF (51) ☐ PF-PHP (52)		☑ CMHC (53) ☐ CORF (62) ☐ ICF-MR (54) ☐ Public Health Clinic ☐ RSATF (55) ☐ Rural Health Clinic (☐ PRTF (56) ☑ Other POS (99) ☑ Non-Residential SA Treatment Cntr (57) ☐ CIRF (61)		Health Clinic (71) ealth Clinic (72)		
MODIFIER		UNIT			DURATIO	N		
☑ AF	☑ SA ☑ TD ☑ TE	☑ Encour □ Day □ 15 Mir	nutes	☐ 1 Hour ☐ 3 Hours	Minimum Maximum			
☐ HB ☑ HP	☐ TF	ALLOWE	O MODE(S) OF D	DELIVERY				
□ HC ☑ HQ □ HD □ HR □ HG □ HS □ HH □ HT	□ TG □ UK □ 22 □ 52	✓ Face-to☐ Video☐ Teleph✓ Individ	Conference one	☑ Group (HQ)☐ Family☑ On-Site☑ Off-Site	☐ Teleme			
MINIMUM STAFF REQU	JIREMENTS							
MINIMUM STAFF REQUIREMENTS ☑ Peer Specialist		nD/PsyD (H 's Level (Ho	☑ License P) ☑ CAC I	evention Specialist ed EdD/PhD/PsyD (AH)	Hard Hearin	nt Facility er for Deaf and		

			Pı	revention			
CPT ®/HCPCS PR	OCEDU	RE CODE			ODE DESCRIPTION		USAGE
•				Alcohol and/or	drug prevention envi	ronmental	☐ Medicaid
		110007			range of external activ		⊠ OBH
		H0027			ing systems in order to	_	
				prevention thr	ough policy and law)		
SERVICE DESCRI	PTION			MINIMUM DO	CUMENTATION REQU	IREMENTS	
Environmental st	trategie	s use a broad range of exterr	nal	Number of	participants		
activities in orde	r to mai	instream prevention through	policies	 Type of ser 	vice		
		s establish or change commu					
		titudes, which decreases the	!				
-	cohol ar	nd other drugs within the					
community.							
NOTES				EXAMPLE ACT			
				Review of:	school policies		
					y technical assistance		
				 Revised ad 	vertising practices		
				 Pricing stra 	-		
				_	nimum age requireme	nts	
					e restrictions		
				•	substance abuse police		
					rised environmental co		
				New or rev	rised ordinances, regul	ations, or legisla	tion
APPLICABLE POP	PULATIO						
☑ Child (0-11)	_	☑ Adol (12-17)	✓ Young	g Adult (18-20)	☑ Adult (21-64)		: (65+)
PLACE OF SERVIO	CE (POS						
☑ School (03)		☑ Mobile Unit (15)	☐ NF (32		☑ CMHC (53)	☐ CORF (6:	•
☑ Shelter (04)		☑ Temp Lodge (16)	☑ Cust C		☐ ICF-MR (54)		ealth Clinic (71)
☑ Prison/CF (09))	☑ Urgent Care (20)	☐ Hospi	` '	☐ RSATF (55)		alth Clinic (72)
☑ Office (11)		☐ ER Hosp (23)		ndt Clinic (49)	☐ PRTF (56) ☑ Non-Residential S	☑ Other P(JS (99)
☑ Home (12)		☐ Amb Surg Ctr (24)	☑ FQHC				
☐ ALF (13) ☑ Group Home ((14)	☐ MTF (26) ☐ SNF (31)	☐ Inpt P ☐ PF-PH		Treatment Cntr (5	/)	
MODIFIER	(14)	☐ 3NF (31)	UNIT	F (32)	CINF (01)	DURATION	l
✓ AF	☑ HM	✓ SA	☑ Encou	inter	☐ 1 Hour	Minimum:	
⊠ AI ☑ AH	☑ HN	⊡ JA ☑ TD	☐ Day	iiitei	☐ 3 Hours	Maximum:	
□ HA	☑ HO	☑ TE	□ 15 Mi	nutes	□ 5 Hours	IVIGAIITIGITI.	N/A
□нв	☑ HP	□ TF		D MODE(S) OF I	OFLIVERY		
□ HC	☑ HQ	□TG	✓ Face-t		☑ Group (HQ)	✓ Telemed	licine
	□HR	□UK		Conference	☐ Family	☐ Telecon	
□ HG	□ HS	□ 22			☑ On-Site	_ relecon	Crence
□нн	□нт	□ 52	✓ Individual		☑ Off-Site		
MINIMUM STAF	F REQU	IREMENTS					
☑ Peer Specialis		☑ APRN (SA)		☑ Cert Prev	vention Specialist	☑ MD/DO (AF)	
		☑ LAC/LCSW (AJ)/LMFT,	/LPC		EdD/PhD/PsyD (AH)	☐ QMAP	
Level (HM)		✓ Unlicensed EdD/PhD/				☑ Treatment F	acility
☑ LPN/LVN (TE)		☑ Unlicensed Master's I	evel (HO)	✓ CAC II		☑ Interpreter f	or Deaf and
☑ Bachelor's Lev	vel (HN)	☑ Licensed non-physicia	in	☑ CAC III		Hard Hearing	
☑ Psych. Tech		practitioner (NPP)		☑ NP (SA)		☐ Dentist (only	for SBIRT
☑ RN (TD)				☑ PA		codes)	
☑ RxN (SA)							

		P	revention					
CPT ®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION USAGE					
				drug prevention proble		☐ Medicaid		
	H0028		identification and referral service (e.g. student					
			assistance and employee assistance programs),					
SERVICE DESCRIPTION			does not includ		DENAUNTS			
	avantian problem identification	an and	Date of ser	CUMENTATION REQUI	KEIVIENTS			
Alcohol and/or drug prevention problem identification and referral services include screening for tendencies toward				top time (duration)				
substance abuse and referral for preventive treatment for		Number of	participants					
curbing such tendencies if indicated. This service is provided		 Type of ser 						
to address the following risk factors: individual attitudes		 Referral to 	treatment if necessary					
towards substance use, and perceived risks for substance		ance						
use. Identification and referral programs look at the relationship between substance use and a variety of other		other						
•	al health problems, family pro							
T	seases, school or employment							
and delinquency.	,							
NOTES			EXAMPLE ACT	IVITIES				
APPLICABLE POPULATI								
			g Adult (18-20)	☑ Adult (21-64)		ic (65+)		
PLACE OF SERVICE (PO	•	□ NE (2)	2)	□ (NAU) (F2)	□ cons.//	(2)		
☑ School (03)	☑ Mobile Unit (15)	☐ NF (32	•	☑ CMHC (53)	☐ CORF (•		
☑ Shelter (04) ☑ Prison/CF (09)	✓ Temp Lodge (16)✓ Urgent Care (20)	☑ Cust (☐ Hospi		☐ ICF-MR (54)☐ RSATF (55)		Health Clinic (71) Tealth Clinic (72)		
☑ Office (11)	☐ ER Hosp (23)		ndt Clinic (49)	☐ PRTF (56)	□ Kurai n ☑ Other F			
☑ Home (12)	☐ Amb Surg Ctr (24)			✓ Non-Residential SA		03 (33)		
☐ ALF (13)	☐ MTF (26)	☐ Inpt P		Treatment Cntr (57)				
☑ Group Home (14)	☐ SNF (31)	□ PF-PH		☐ CIRF (61)				
MODIFIER	· ·	UNIT		· ,	DURATIO	N		
☑ AF ☑ HIV	I	☐ Encou	ınter	☐ 1 Hour	Minimum	: N/A		
☑ AH ☑ HN	☑ TD	☐ Day		☐ 3 Hours	Maximum	ı: N/A		
□ на	☑ TE	☑ 15 Mi						
☐ HB ☑ HP	□ TF		D MODE(S) OF D					
☐ HC		☑ Face-t		☑ Group (HQ)	☑ Teleme			
□ HD □ HR	□UK		Conference		☐ Telecoi	nference		
□ HG □ HS	□ 22 □ 53	☑ Telep		☑ On-Site				
HH HT	☐ 52	☑ Indivi	dual	☑ Off-Site				
MINIMUM STAFF REQU			☑ Cort Dro	rontion Considist		(F)		
✓ Peer Specialist	☑ APRN (SA)	T/LDC		vention Specialist EdD/PhD/PsyD (AH)	☑ MD/DO (A □ QMAP	\F)		
☑ Less than Bachelor's ☑ LAC/LCSW (AJ)/LMFT/LPC Level (HM) ☑ Unlicensed EdD/PhD/PsyD (H				Lub/Filb/F3yb (All)	☐ QiviAr	t Facility		
☑ LPN/LVN (TE)	✓ Unlicensed Master's		•			r for Deaf and		
☑ Bachelor's Level (HN		-	✓ CAC III		Hard Hearing			
☑ Psych. Tech	practitioner (NPP)		☑ NP (SA)		☑ Dentist (o			
☑ RN (TD)	1				codes)	,		
☑ RxN (SA)					•			

		Pr	evention					
CPT ®/HCPCS PROCEDU	JRE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE		
•				drug prevention alterna	atives			
				es for populations that e		☐ Medicaid		
	H0029		alcohol and other drug use e.g. alcohol free social					
			events)					
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQUIP	REMENTS			
Alternative services pro	ovide opportunities for recogn	ition	Number of	participants				
and organized leisure a	ctivities that exclude alcohol a	and	 Type of ser 					
drugs. The goal of these alternative services is to halt or		t or						
reduce risk taking behaviors. Alternative programs include a		clude a						
wide range of social, recreational, cultural and community								
service activities that would appeal to populations of all								
ages.								
NOTES			EXAMPLE ACT	IVITIES				
			 Alcohol/to 	bacco/drug free social a	nd or recreati	onal events		
			• Communit	y drop in centers				
			• Communit					
			 Leadership 	•				
				nvolving athletics, art, m	nusic. movies.	etc.		
APPLICABLE POPULATI	ON(S)				, , , , , , , , , , , , , , , , , , , ,			
☐ Child (0-11)	☑ Adol (12-17)		Adult (18-20)	☑ Adult (21-64)		ic (65+)		
PLACE OF SERVICE (PO	S)							
☑ School (03)	☑ Mobile Unit (15)	☐ NF (32	<u>'</u>)	☑ CMHC (53)	☐ CORF (62)		
☑ Shelter (04)	☑ Temp Lodge (16)	☑ Cust C		☐ ICF-MR (54)	•	Health Clinic (71)		
☑ Prison/CF (09)	☑ Urgent Care (20)	☐ Hospic		☐ RSATF (55)	☐ Rural H	ealth Clinic (72)		
☑ Office (11)	☐ ER Hosp (23)		ndt Clinic (49)	☐ PRTF (56)	☑ Other F			
☑ Home (12)	☐ Amb Surg Ctr (24)	✓ FQHC		☑ Non-Residential SA		. ,		
☐ ALF (13)	☐ MTF (26)	☐ Inpt PF	F (51)	Treatment Cntr (57)				
☑ Group Home (14)	☐ SNF (31)	☐ PF-PHI		☐ CIRF (61)				
MODIFIER		UNIT	` '	` '	DURATIO	N		
☑ AF ☑ HIV	I ☑ SA	☑ Encou	nter	☐ 1 Hour	Minimum	: N/A		
☑ AH ☑ HN	☑ TD	\square Day		☐ 3 Hours	Maximum	ı: N/A		
□ на	☑ TE	□ 15 Mir	nutes					
□ HB ☑ HP	☐ TF	ALLOWE	D MODE(S) OF D	DELIVERY				
☐ HC ☑ HQ	☐ TG	☑ Face-te	o-Face	☑ Group (HQ)	☐ Teleme	edicine		
□ HD □ HR	□ UK	☐ Video	Conference		☐ Telecoi	nference		
☐ HG ☐ HS	□ 22	☐ Teleph	none	☑ On-Site				
□нн □нт	□ 52	☑ Individ	lual	☑ Off-Site				
MINIMUM STAFF REQU	JIREMENTS							
☑ Peer Specialist	☑ APRN (SA)		☑ Cert Prev	vention Specialist	☑ MD/DO (A	λF)		
☑ Less than Bachelor's	☑ LAC/LCSW (AJ)/LMFT,	/LPC	☑ Licensed	EdD/PhD/PsyD (AH)	\square QMAP			
Level (HM)	☑ Unlicensed EdD/PhD/	PsyD (HP)	✓ CAC I		☑ Treatment	t Facility		
☑ LPN/LVN (TE)	☑ Unlicensed Master's I	evel (HO)	☑ CAC II		☑ Interprete	r for Deaf and		
☑ Bachelor's Level (HN) 🗹 Licensed non-physicia	ın	✓ CAC III		Hard Hearing	5		
☑ Psych. Tech	practitioner (NPP)		☑ NP (SA)		☑ Dentist (o	nly for SBIRT		
☑ RN (TD)			☑ PA		codes)			
☑ RxN (SA)								

	Intervention						
CPT ®/HCPCS PROCED	URE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE	
	H0030		Hotline Service	☐ Medicaid			
	110030		Hotilile Services ☑ OBH				
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQU	JIREMENTS		
-	ovided through a program wit		 Date of se 	rvice			
telephone support services that are available twenty-four			 Intervention 	on or support services	provided		
	en (7) days per week. Callers		 Clients res 	ponse			
-	usly during a crisis situation.		 Referral for 	or treatment (if necess	ary)		
	e caller to become a client of t	he	 Signed wit 	th 1st initial, last name	& credentials		
hotline program.							
NOTES			EXAMPLE ACT	IVITIES			
ADDITION DE DOCUMENT	1011(0)						
APPLICABLE POPULAT			A L II (40 20)	[7] A. L. II. (24, C4)	7.	. (65.)	
☑ Child (0-11)	☑ Adol (12-17)		Adult (18-20)	☑ Adult (21-64)		IC (65+)	
PLACE OF SERVICE (PC			.,			>	
✓ School (03)	☐ Mobile Unit (15)	☐ NF (32		☑ CMHC (53)	☐ CORF (6		
☑ Shelter (04)	☐ Temp Lodge (16)	☐ Cust C		☐ ICF-MR (54)		Health Clinic (71)	
☑ Prison/CF (09)	☐ Urgent Care (20)	☐ Hospice (34)		☐ RSATF (55)		ealth Clinic (72)	
☑ Office (11)	☐ ER Hosp (23)	☐ Indepndt Clinic (49) ☐ PRTF (56)			☑ Other F	OS (99)	
☑ Home (12)	☐ Amb Surg Ctr (24)	FQHC (50) Non-Residential S					
☐ ALF (13)	☐ MTF (26)	☐ Inpt PI	• •	Treatment Cntr (5	0/)		
☐ Group Home (14)	☐ SNF (31)		□ PF-PHP (52) □ CIRF (61) JNIT □ DURATION				
MODIFIER		UNIT	•				
☑ AF ☑ HN	· — -· ·	☑ Encou	nter	☐ 1 Hour	Minimum	•	
☑ AH ☑ HN		☐ Day		☐ 3 Hours	Maximum	: N/A	
□ HA ☑ HC	— :=	☐ 15 Mir		D.F.I. IV (F.D.V			
□ HB ☑ HP			D MODE(S) OF				
│□HC □HC	•	☐ Face-t		☐ Group (HQ)	☐ Teleme		
□ HG □ HS			Conference	☐ Family	☐ Telecoi	nterence	
		☑ Teleph		☐ On-Site			
MINIMUM STAFF REQ		☐ Individ	ıuaı	☐ Off-Site			
✓ Peer Specialist	✓ APRN (SA)		Cort Drov	vantion Chariolist	☑ MD/DO (AF	·\	
✓ Peer Specialist ✓ Less than Bachelor's	, ,	/LDC		rention Specialist)	
Level (HM)	✓ LAC/LCSW (AJ)/LMFT✓ Unlicensed EdD/PhD/		✓ cac i	EdD/PhD/PsyD (AH)	☐ QIVIAP ☐ Treatment	Eacility	
Level (HIVI) ☑ LPN/LVN (TE)	✓ Unlicensed Master's		☑ CAC II				
☑ Bachelor's Level (HI			☑ CAC III		Hard Hearing	וטו שכמו מווע	
☑ Bachelor's Level (HI ☑ Psych. Tech	practitioner (NPP)	411	✓ NP (SA)		✓ Dentist (on	v for SRIPT	
✓ PSych. Tech	practitioner (NPP)		M NP (3A) ✓ PA		codes)	y IOI SBIRT	
			Ľ FA		coues		
☑ RxN (SA)							

ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS								
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE CODE DESCRIPTION USAGE					
	H0031		Mental health ass	sessment, by a no	on–physician	☑ Medicaid☑ OBH		
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS			
A face-to-face clinical assemental illness, functional information used for the tinformation may be obtain assessment results in the service needs and recommodate assessment is necessary different Level of Care or the time assessment is necessary different Level of Care or the time assessment and diagnor mental status and diagnor go791. OPTIONAL DOCUMENTATION of the time assessment is necessary and the time assessment is necessary to the time assessment is	 Description of Review of psy other assessm Plan for next of 	r the visit. What was nt/presenting content the service chosocial and fartient information contact(s) including	was the intended ncern(s) or proble nily history, client	m(s) functioning and or coordination				
the minimum requiremen deferred diagnosis should								
		EXAMPLE ACTIVITIES						
H0031 is used in lieu of individual psychotherapy procedure codes when the focus of the session is on assessment and not psychotherapy (insight-oriented, behavior modifying and/or supportive) has occurred during the session. (See psychotherapy procedure codes.) Outside assessment information may be used in lieu of some assessment criteria/new assessment, with a corresponding statement as to what information/documentation was reviewed with the client and is still current. For Services provided at a Crisis Service Site include the			 Face-to-face meeting with the client in order to assess his/her needs Face-to-face meeting with the client/client's family to collect social history information With the client's permission, face-to-face meetings/ telephone contact with family members, collateral sources of pertinent information (educational, medical, social services, etc.) Administering acceptable instruments to the client to document substantial impairment in role functioning 					
modifier ET in fields 2 throad	-		UNIT		DURATION			
 ☑ Child (0-11) ☑ Adol (12-17) ☑ ALLOWED MODE(S) OF D 	0) 🗵 Ge	lult (21-64) eriatric (65+)	☑ Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A			
☑ Face-to-Face☑ Video Conf (GT)	Individual Group (HQ) Family (HR/HS)		PROGRAM SERVI SP (HE) □ Other SP (TG) ■ Residential (SC) ■ HF (2 nd modifie	⊠ ICM ⊠ ACT	(SK)	/oc (HJ) Clubhouse (HB) Recovery (TS) Prev/El (HT)		
STAFF REQUIREMENTS			. ,					
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ Unlicensed Master's Level (HO) ☑ LCSW (AJ)/LSW/ LMFT/ LPC	☑ Unlicensed PhD/PsyD (HP ☑ Licensed Ed PhD/PsyD (AH) □ QMAF ID/		D)	Rxn (SA) PA (PA) MD/DO (AF)		
PLACE OF SERVICE (POS)	J 4 05 (42)				(24)			
또 Office (11) 또 Mobile Unit (15)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	⊠ Shelter (⊠ SNF (31) ⊠ FQHC (50	⁰⁴⁾	^{7F (51)} ⊠ S	Prison/CF (09) school (03) Other POS (99)		

	ASSESSMENT SERVICES – TREATMENT/SERVICE PLANNING							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE COI		USAGE			
	H0032		Mental health service plan development by non- physician ☑ Medicaid ☑ OBH					
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
Activities to develop, exment/service plan, inclutreatment/service goals achieve goals, and an ether treatment/service clinical supervisor, and or when a major changeneeds occurs.	uding the statement or s, clinical intervention valuation of progress plan is reviewed by the revised with the clien	 Technical Documentation Requirements See Page 253 Service Content The reason for the visit. What was the intended goal or agenda? Description of the service (should include discussion of service plan development) Completion of or substantial progress toward plan development including required signatures according to agency policies Treatment plan revisions should include progress and/or completion of goals Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 						
NOTES			EXAMPLE ACTIV	ITIES				
H0032 is used in lieu of individual psychotherapy procedure codes (see psychotherapy procedure codes) when the focus of the session is on treatment/service planning and no psychotherapy occurs during the session. Use a psychotherapy code if more than 50% of the session is psychotherapy. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.								
APPLICABLE POPULATI	ON(S)		UNIT		DURATION			
□ Child (0-11) □ □	Young Adult 🗵	Adult (21-64) Geriatric (65+)	☑ Encounter □ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A			
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV		•			
☑ Face-to-Face☑ Video Conf (GT)☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		 SP (HE) □ Other SP (TG) ☑ Residential (SO ☑ HF (2nd modifi 		(HK) [pite (SY)	☑ Voc (HJ) ☑ Clubhouse (HB) ☑ Recovery (TS) ☑ Prev/El (HT)		
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	LMFT/ LPC	, , , ,	IP) □ QM/ EdD/	AP ⊠ LPN ⊠ RN (⊠ APR	TD)] Rxn (SA)] PA (PA)] MD/DO (AF)		
PLACE OF SERVICE (PO		<u> </u>						
☑ Office (11) ☑ Mobile Unit (15)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (: ☑ ICF-MR (5 ☑ NF (32) ☑ PRTF (56)	54) ⊠ SNF (3: ⊠ FQHC (1) ⊠ Inpt 50) □ ER (PF (51)	l Prison/CF (09) School (03) Other POS (99)		

TREATMENT SERVICES – PSYCHIATI	TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
H0033	Oral medication administration, direct observation	☑ Medicaid☑ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Observing client taking oral prescribed medication(s) to	Technical Documentation Requirements						
ensure adequate maintenance of medication regimen to deter/prevent deterioration of client's condition.	See Page 253 Service Content:						
deter/prevent deterioration of cheff 3 condition.	Documentation that supports observation of me	dications					
This service includes the administration of Buprenorphine	administered, including name and dosage	4.64.16					
products, within a methadone clinic site, for the purpose of	2. Client response to medications, e.g. is the client	tolerating the					
decreasing or eliminating dependence on opiate substances.	medication well or are there complaints of side of	effects, problems					
Administration of Buprenorphine products is only conducted	sleeping; is there improvement or not in sympto	ms. If not					
by a qualified physician, physician assistant, or nurse	tolerating the medication actions taken.						
practitioner in a licensed methadone facility.	3. Every encounter should have its own notation.	0 1 11					
	4. For suboxone induction notes (when applicable)						
NOTES	acknowledgement form signed by client is prese EXAMPLE ACTIVITIES	III.					
This service is designed to facilitate medication compliance	Face-to-face, one-on-one cueing/encouraging ar	nd ohserving					
and positive outcomes. Clients with low medication	client taking prescribed medications	d observing					
compliance history/clients newly on medication are most	 Reporting back to MHPs licensed to perform me 	dication					
likely to receive this service.	management services for direct benefit of client						
Administration of Buprenorphine products must be provided	 The administration of Buprenorphine products a 						
within a facility with a controlled substance license from the	client's plan of care to the client for oral ingestion						
Office of Behavioral Health (OBH), registration with the Drug	a qualified physician, physician assistant, or nurse practitioner or						
Enforcement Administration (DEA) and certified through Substance Abuse and Mental Health Services Administration	within a licensed methadone facility.						
(SAMHSA) as an opioid medication assisted treatment							
provider. The cost of the Buprenorphine products is paid							
through Medicaid fee-for-service. Physicians, administering							
Buprenorphine products, through the DATA Waive							
provider's office are reimbursed through FFS.							
Cannot be billed if the service is part of the E&M service by							
the same provider on the same day.							
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	UNIT DURATION ☑ Encounter ☐ 15 Minutes Minimum: N/A						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A						
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
	⊠ SP (HE)*						
V Face to Face V Individual	C Other CD (TC)	Voc (HJ)					
☑ Face-to-Face☑ Individual☐ Video Conf (GT)☐ Group (HQ)		Clubhouse (HB)					
☐ Telephone ☐ Family (HR/HS)	☑ HF (2 nd modifier-SUD) Respite (SV) □	Recovery (TS)					
Treephone Truminy (myns)	" children/ adolescent	Prev/EI (HT)					
CTATE DEGLIDES SENTO	and young adult						
STAFF REQUIREMENTS Unlicensed Master's Unlicensed Master's Unlicensed Master's	ensed EdD/ 🗵 QMAP						
I I Peer Specialist	X I PN/I VN (IF) X I F	RxN (SA)					
Bachelor's Level (HIN)	Licensed EdD/ D CACII X RN (TD) X PA (PA)						
✓ Intern LMFT/ LPC PhD/Psy	· IXI APRN (SA) IXI I	MD/DO (AF)					
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34)		Prison/CF (09)					
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54)		School (03)					
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)		NRSATF (57)					
☑Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☑ Independent Clinic (49) ☑ PF-PHP (52) ☑	Other POS (99)					

^{*}For clients 17 years and under, Federal regulations must be followed for administering Suboxone

	TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE	CODE DESCRIP	TION		USAGE	
	H0034		Medication to	☑ Medicaid☑ OBH				
SERVICE DESCRIPTION			MINIMUM D	OCUMENTATIO	N REQU	JIREMENTS		
Activities to instruct, prompt, guide, remind and/or educate clients, families, and/or significant others, based on an understanding of the nature of an adult client's SPMI or a child/adolescent's SED, including understanding the role of specific prescribed medication(s), reducing symptoms, identifying potential side effects and contraindications, self-administration training, and overdose precautions.			Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. The training/instructions provided and the individual's response to the training and support 3. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
NOTES			EXAMPLE AC					
Generally face-to-face, but may include telephone contact as needed.			 Understanding nature of adult client's SPMI or child/ adolescent's SED Understanding role of prescribed medications in reducing symptoms and increasing/maintain functioning Identifying and managing symptoms and potential side effects of medication(s) Learning contraindications of medication(s) Understanding overdose precautions of medication(s) Learning self-administration of medication(s) 					
APPLICABLE POPULATION ☑ Child (0-11)		ult(21-64)	UNIT □ Encounter	✓ 15 Minu		DURATION Minimum: 8 N	Minutes	
⊠ Adol (12-17)		riatric (65+)	☐ Day	☐ 1 Hour		Maximum: N/		
ALLOWED MODE(S) OF		, , , , , , , , , , , , , , , , , , ,		RVICE CATEGO				
☑ Face-to-Face ☐ Video Conf (GT) ☑ Telephone	⊠ Individual ⊠Group (HQ) ⊠ Family (HR/HS)		☑ SP (HE) ☐ Other SP (☑ Residentia ☑ HF (2 nd mo	TG) I (SC)	⊠ ICIV ⊠ ACT	1 (SK)	☑ Voc (HJ) ☑ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/EI (HT)	
STAFF REQUIREMENTS								
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ LCSW (AJ)/LSW/ LMFT/ LPC	PhD/Ps □ Licer	censed EdD/ syD (HP) nsed EdD/ yD (AH)	⊠ QMAP	⊠RN	N/LVN (TE) I (TD) RN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS								
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (3 ☑ ICF-MR (54 ☑ NF (32) ☑ PRTF (56)	1) × Sr × SN	elter (04) IF (31) QHC (50)	☐ Inpt ☐ ER (: Hosp (21) : PF (51) [23) PHP (52)	☐ Prison/CF (09) ☐ School (03) ☑ Other POS (99)	

TREATMENT SERVICES – INTENSIVE TREATMENT SERVICES – PARTIAL HOSPITALIZATION (PHP)								
CPT®/HCPCS PROCEDURI	CODE				DE DESCRIP			USAGE
	H0035					talizatio	on, treatment,	☑ Medicaid
			less than					⊠ OBH
SERVICE DESCRIPTION		1	MINIMUM DOCUMENTATION REQUIREMENTS					
A treatment alternative to inpatient psychiatric hospitalization, which includes comprehensive, structured BH services of a nature and intensity (including medical and nursing care) generally provided in an inpatient setting, as a step toward community reintegration. Services include assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support; medication management; skill development; psychosocial education and training; and expressive and activity therapies.			Technical Documentation Requirements See Page 253 Service Content 1. Initial/intake documenting symptoms/problems necessitating treatment 2. Individualized treatment/service plan Services must be prescribed by an MD/DO and provided under plan of treatment established by an MD/DO after consultation with appropriate staff Plan must state type, amount, frequency, and duration of services to be furnished and indicate goals Describes coordination of services wrapped around particular needs of client Target symptoms, goals of therapy and methods of monitoring outcome Why chosen therapy is appropriate modality either in lieu of/in addition to another form of treatment Progress notes document services rendered, client's response and relation to treatment plan goals Specify estimated duration of treatment, in sessions For an acute problem, document that treatment is expected to improve health status/function of client For chronic problems, document that stabilization/maintenance of health status/function is expected					
						h statu:	s/function is exp	ected
NOTES The use of PHP as a setting of care presumes that client does not meet medical necessity criteria for inpatient psychiatric treatment; at the same time, it implies that routine outpatient treatment is of insufficient intensity to meet the client's present treatment needs. Discrete services (e.g., family, group and individual psychotherapy, psychiatric services) are documented, and reported/billed separately			EXAMPL	EACTIVI	IIES			
from H0035. APPLICABLE POPULATION	v(s)		UNIT				DURATION	
☑ Child (0-11)☑ Yo☑ Adol (12-17)☑ (18-2)	ung Adult ⊠ Adult 0) ⊠Geriat		⊠ Encou □ Day		☐ 15 Min ☐ 1 Hour		Minimum: + 4 days/week	hrs/day, 5
ALLOWED MODE(S) OF D	ELIVEKY				ICE CATEG	UKY(IE	•	□ \/oo /\\\\\
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		SP (HE □ Other □ Reside ■ HF (2 ⁿ)	SP (TG) ential (SC			IVI (SK) CT (HK) esnite (SV)	☐ Voc (HJ) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/EI (HT)
STAFF REQUIREMENTS								
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ Unlicensed Master's Level (HO) ☑ LCSW (AJ)/ LSW/ LMFT/ LPC	PhD/Ps	censed Edl yD (HP) nsed EdD/ yD (AH)		□ QMAP	⊠ RN	N/LVN (TE) I (TD) PRN (SA)	☑ RxN (SA) ☑ PA (PA) ☑ MD/DO (AF)
PLACE OF SERVICE (POS)								
⊠ CMHC (53) □ Office (11) □ Mobile Unit (15) ☑ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☐ Home (12)		(54) [6)		(50)	□ Inp □ ER ☑ PF-	t PF (51) (23) PHP (52)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)
	Outp Hospital(22)							

CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE					
	H0036		Community psychiatric supportive treatment, face-to-face, per 15 minutes ✓ Medicaid ✓ OBH					
SERVICE DESCRIPTION			MINIMUM DOCL		QUIREMENTS			
Comprehensive Psychiate services consist of menta services. A team-based at treatment, rehabilitation Therapeutic intervention promoting symptom stable ability to cope and relate highest level of functioni. This code can be used as individuals enrolled in a pridelity review process. NOTES This is an intensive comm service that provides treatint interventions to: Assist individuals ervices Reduce psychiates	al health rehabilitation approach to the provise /resiliency and supposes are strengths-based bility, increasing the control of the others and enhancing in the community. an alternative to H00 program not overseen a community rehabilitation/retiment and restorative als to gain access to near the community living skeep decreased crisis epinure, time working, in onal satisfaction and interproach in the province of the community in the community living skeep decreased crisis epinure, time working, in onal satisfaction and in the community in the province of the province	n/resiliency sion of ort services. I and focus on onsumer's cing the 139 for n by an ACT resiliency e ecessary kills isodes, and school or with independence.	Technical Docum See Page 253 Service Content 1. The reason agenda? Ho 2. Description increase fu 3. The therap response to 4. How did th goals/objec 5. Plan for neineeded wit EXAMPLE ACTIVI Symptom asse assessment, psy Supportive coneeded basis Support of ag Encourage en Development Advocating on Crisis interver Medication tr Educating reg Facilitating ac Helping with the	for the visit. What you does the service an anctioning in the ceutic intervention of the intervention of discharge/train behalf of clients antion aining and monition arding symptom of the intervention of th	ements at was the intendence relate to the transition goals and related to the transition goals and related to the individual's properties of the individual i	reatment plan? designed to ne individual's rogress towards up or coordination going agement efforts) blanned and as- ces related planning		
APPLICABLE POPULATIO			UNIT		DURATION			
☑ Child (0-11)☑ You☑ Adol (12-17)☑ (18-2)	•	dult (21-64) Seriatric (65+)	☐ Encounter☐ Day	□ 15 Minutes □ 1 Hour	Minimum: 8 mir Maximum: 4 hr			
ALLOWED MODE(S) OF D		,	PROGRAM SERV					
☐ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		SP (HE) Other SP (TG) Residential (SC HF (2 nd modifiential)	⊠ ICM □ ACT	(SK) [(HK) [□ Voc (HJ) □ Clubhouse (HB) □ Recovery (TS) □ Prev/El (HT)		
STAFF REQUIREMENTS			,					
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ Unlicensed Master's Level (H LCSW (AJ)/LSW/ LMFT/ LPC	HO) PhD/Psyl	ed EdD/	ZIVIAP ⊠ RN	(TD)	l Rxn (SA) l PA (PA) l MD/DO (AF)		
PLACE OF SERVICE (POS)								
巠 CMHC (53) 巠 Office (11) 巠 Mobile Unit (15) 巠 Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34)☑ ICF-MR (54)☑ NF (32)☐ PRTF (56)	N Shelter (U	□ Inpt □ ER (2	75) ×	Prison/CF (09) School (03) Other POS (99)		

TREATMENT SE	RVICES – REHABILITA	TION SERVICES	- COMMUNITY	PSYCHIATE	RIC SUPP	ORT TREATM	ENT (CPST)
CPT®/HCPCS PROCEDURE			PROCEDURE CODE DESCRIPTION USAGE				
	H0037		Community psychiatric supportive treatment,				
	пиизл		face-to-face, pe	er diem			⊠ OBH
SERVICE DESCRIPTION			MINIMUM DO				
Comprehensive Psychiatri	• •	•	Technical Docu	ımentation	Require	ements	
services consist of mental		•	See Page 253				
services. A team-based ap			Service Conten				
treatment, rehabilitation/							ended goal or
Therapeutic interventions			_				e treatment plan?
promoting symptom stabi			-				y is designed to
ability to cope and relate		ing the		functioning		•	1.1 . 1 1
highest level of functionin	g in the community.						d the individual's
This code can be used as a		00 for		to the inte			
					ппраст і	ne maividuai	s progress towards
individuals enrolled in a professional	rogram not overseen	by all ACI	goals/obj 5. Plan for r		t(s) inclu	ding any fallo	w-up or coordination
fidelity review process.				vith 3 rd part		ullig ally lollo	w-up or coordination
NOTES			EXAMPLE ACTI		lies		
This is an intensive comm	unity rehabilitation/r	aciliancy	Symptom as		and man	agomont (i.e.	ongoing
service that provides treat	•	-					nanagement efforts)
interventions to:	tiliciti alla restorative	•					n a planned and as-
	s to gain access to ne	cessarv	needed basis	counseiing	anu psy	лоспетару от	i a piaiiileu ailu as-
services	s to gain access to he	ccssury	Support of a	age annron	riate dai	ly living skills	
	Encourage 6			-	arvicas		
 Reduce psychiatric symptoms Develop optimal community living skills 			_				nd related planning
Individuals will experience decreased crisis episodes, and			Advocating		-	_	na related planning
increased community ten			Crisis interv		or enerits		
social contacts, and perso			Medication		d monit	nring	
CPST up to 4 hours is re			Educating re	_		-	
over 4 hours, report/bi	Il H0037. Discrete	services (e.g.,	_			_	
family, group and indiv	vidual psychotherap	y, psychiatric	 Facilitating access to health care Helping with transportation needs 				
services, case managem	ient, etc.) are docu	imented, and	Help finding and keeping safe, affordable housing				
reported/billed separately	/ from H0036.		Home visits				
			1101110 110110				
* This code is not to be us		r age 6.					
APPLICABLE POPULATION		1 1: (24 64)	UNIT			DURATION	1 0 1
` '	-	dult (21-64)	☐ Encounter	☐ 15 Mi		Minimum: 4	
☑ Adol (12-17) (18-20) ALLOWED MODE(S) OF D	•	eriatric (65+)	☑ Day PROGRAM SER ■ PROGRAM S	☐ 1 Hou		Maximum: 8	8 nours
• •	✓ Individual		SP (HE)	VICE CATE	GORT(IE	3)	□ Voc (HJ)
X F2C6-TO-F2C6	⊠ Group (HQ)		Other SP (TG	=1	⊠ ICN		☐ Clubhouse (HB)
	☐ Family (HR/HS)		☐ Residential (☐ Recovery (TS)
☐ Telephone			☑ Residential (☑ HF (2 nd mod		☐ Res	spite (SY)	☐ Prev/EI (HT)
STAFF REQUIREMENTS			□ 111 (Z 1110U	ilici 30D)			
	☑ Unlicensed Master	er's 🗵 Unlice	ensed EdD/				_
▼ Peer Specialist	Level (HO)	PhD/Psy		□ QMAP		I/LVN (TE)	⊠ RxN (SA)
☑ Bachelor's Level (HN)	☑ LCSW (AJ)/LSW/		sed EdD/	_ <	⊠ RN		⊠ PA (PA)
✓ Intern	LMFT/ LPC	PhD/Psy			ĭ≅ APF	RN (SA)	⊠ MD/DO (AF)
PLACE OF SERVICE (POS)							
☑ CMHC (53)	☑ ACF (13)	☐ Hospice (3	4)	r (04)	☐ Inpt	Hosp (21)	□ Price 2/05 (00)
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (54	1) Sheite		☐ Inpt		☐ Prison/CF (09)
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32)	^{†)} ⊠ SNF (3		□ ER (2	23)	School (03)
☑ Outp Hospital(22)	☑ Home (12)	☐ PRTF (56)	⊠ FQHC	(30)	☐ PF-P	HP (52)	☑ Other POS (99)

Uniform Service Coding Standards Manual 2015

PEER SUPPORT/RECOVERY SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H0038	Self-help/peer services, per 15 minutes	☑ Medicaid☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Client services (individual/group) provided by a trained, self- identified person with lived experience mental health or substance use disorder issues. Activities are client- motivated, initiated and/or managed, encourage socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills by: Exploring client purposes beyond the identified MI or substance use disorder and the possibilities of recovery Tapping into client strengths related to illness self- management (including developing skills and resources and using tools related to communicating recovery strengths and health needs/concerns, and self-monitoring progress) Emphasizing hope and wellness Helping clients develop and work toward achievement of specific personal recovery goals (including attaining meaningful employment if desired) Assisting clients with relapse prevention planning	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the services provided 3. Client response to services and, where appropriate, how service affects the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
NOTES	EXAMPLE ACTIVITIES					
H0038 is the primary code to be used for services rendered by a Peer/Mentor/Specialist/Recovery Coach. When provided in conjunction with specific programs, including psychosocial rehab, ACT, Community-Based Wraparound, Clubhouse, Supported Employment and a prevention class, documentation of services provided should be tied to the program/class goals and the program/class procedure code	 Peer support services Peer-run employment services Peer mentoring for children/adolescents Recovery groups Warm lines Advocacy services 					
should be used.						
APPLICABLE POPULATION(S) ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	UNIT DURATION ☐ Encounter ☑ 15 Minutes Minimum: 8 Min	urtes				
✓ Adol (12-17) (18-20) ✓ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A	lutes				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS)	SP (HE)* ☐ Other SP (TG) ☐ Residential (SC) ☐ ACT (HK) ☐ Respite (SV) ☐ Respite (SV) ☐ Respite (SV)	l Voc (HJ) l Clubhouse (HB) l Recovery (TS) l Prev/El (HT)				
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern ☐ Unlicensed ☐ Unlicensed ☐ Master's Level (HO) ☐ LAC/LCSW ☐ Licensed ☐ Unlicensed ☐ Unlicensed ☐ White Phide	(HP) □ CAC I □ RN (TD) □ d EdD/ □ CAC II □ ARRN (SA) □	RxN (SA) PA (PA) MD/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☐ Outh Hospital(22) ☒ Home (12) ☒ PRTF (56)	⊆ SNF (31) ⊆ Inpt PF (51) ⊆ FQHC (50) ⊆ ER (23)	Prison/CF (09) School (03) NRSATF (57) Other POS (99)				

TREATMENT SERVICES – REHABILITATION SERVICES – ASSERTIVE COMMUNITY TREATMENT (ACT)								
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CO	DE DESCRIPT	ION			USAGE
	Н0039		Assertive community treatment, face-to-face, per 15 Medic minutes SOBH				☑ Medicaid ☑ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS					
A team-based approach	to the provision of	treatment,	Technical Docur	mentation Re	quirem	ents		
rehabilitation and suppo	ort services. Therap	eutic	See Page 253					
interventions are streng	ths-based and focu	s on promoting	Service Content					
symptom stability, incre	asing the client's at	ility to cope and	1. The reason	n for the visit/	/call. W	hat was the	intend	ed goal or
relate to others and enh	nancing the highest	level of	agenda? H	low does the	service	relate to the	treatr	nent plan?
functioning in the comm	nunity.		Descriptio	n of the servi	ce prov	ided		
			The therap	peutic interve	ntion(s) utilized and	the in	dividual's
			response t	to the interve	ntion(s))		
			How did tl	ne service imp	oact the	individual's	progre	ess towards
			goals/obje	ectives?				
			5. Plan for ne	ext contact(s)	includi	ng any follov	v-up oi	r coordination
			needed w	ith 3 rd parties				
NOTES			EXAMPLE ACTIV	/ITIES				
Interventions address a	daptive and recover	y skill areas,	 Symptom as: 	sessment and	manag	ement (i.e.,	ongoin	ıg
such as housing, school	and training opport	unities, daily	assessment,	psycho-educa	ation, a	nd symptom	mana	gement
activities, health and	support,	efforts)						
harm reduction, money management and entitlements,			Supportive counseling and psychotherapy on a planned and as-					
and service planning and coordination; it should include all			needed basis					
services delivered to the			 Medication p 		dminis	tration, mon	itoring	and
enrolled in an ACT progr			documentati					
only be used for individu			 Dual diagnos 		cluding	assessment	and in	tervention
by an ACT fidelity review			Support of ADLs					
ACT: http://store.samhs			Encourage engagement with peer support services					
Community-Treatment-	ACT-Evidence-Based	d-Practices-EBP-	Development of discharge/transition goals and related planning					
KIT/SMA08-4345								
APPLICABLE POPULATION		7 - 1 - 1 - 1 - 2 - 2 - 2	UNIT			URATION		
		Adult(21-64)	☐ Encounter	☑ 15 Minu		/linimum: 8 r		
, , ,		Geriatric (65+)	□ Day	1 Hour		/laximum: 4	nrs / m	iins
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV	ICE CATEGOR	KY(IES)			
W F to F	V loadiosiaload		⊠ SP (HE)*			(CI/)	□Vo	oc (HJ)
☑ Face-to-Face	☑ Individual		☐ Other SP (TG)		□ ICM			ubhouse (HB)
☑ Video Conf (GT)	☑ Group (HQ)		☐ Residential (S		⊠ ACT		□Re	ecovery (TS)
▼ Telephone	□ Family (HR/HS))	☑ HF (2 nd modif *For young adul	-	⊔ Kesp	oite (SY)	☐ Pr	ev/EI (HT)
STAFF REQUIREMENTS			For young addi	t Offiy				
☑ Peer Specialist	☑ Unlicensed M	laster's 🗵 Unlig	censed EdD/					
☑ Peer Specialist ☑ Bachelor's Level (HN)						'LVN (TE)	⊠ RxN	
✓ Intern	∠ LCSW (AJ)/LS		nsed EdD/		⊠ RN (-	ĭ PA	
LMFT/ LPC PhD/PsyD (AH)								
PLACE OF SERVICE (POS		,,,,	, , ,					
☑ CMHC (53)	☑ ACF (13)	☐ Hospice (34)	·· (O4)	□ Inpt	Hosp (21)		:/CF (00)
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (5	M Shelte	r (04)		PF (51)		ison/CF (09)
☑ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32)	× SNF (3	(1)	☐ ER (2			hool (03)
☐ Outp Hospital(22)	⊠ Home (12)	□ PRTF (56)	⊠ FQHC	(50)		, HP (52)	ĭ∆ Ut	ther POS (99)

TREATMENT SERVICES – REHABILITATION SERVICES – ASSERTIVE COMMUNITY TREATMENT (ACT)									
CPT®/HCPCS PROCEDUR	E CODE		PROCEDU	RE CODE D	DESCRIPT	ION			USAGE
	H0040		Assertive c	ommunity	y treatm	ent pro	gram, per di	em	☑ Medicaid☑ OBH
SERVICE DESCRIPTION			MINIMUM DOCUMENTATION REQUIREMENTS						
A team-based approach rehabilitation and support interventions are strengt symptom stability, increase relate to others and enhability and in the committee of	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties								
NOTES			EXAMPLE A						
Interventions address ad such as housing, school a activities, health and scharm reduction, money and service planning and services delivered to the enrolled in an ACT programly be used for individu by an ACT fidelity review ACT: http://store.samhsa.community-Treatment-AKIT/SMA08-4345. For ACT H0039; for ACT more tha	nities, daily support, stitlements, uld include all individual in T code should ram overseen andards for ive-Practices-EBP-rt/bill using	psycho Suppor needed Medica docume Dual di Suppor Encours	education tive couns I basis tion presc entation agnosis se t of ADLs age engag	n, and sy seling an cription, ervices, ir gement w	mptom d psych adminis ncluding vith pee	gement (i.e., manageme otherapy on stration, mon g assessmen er support se ition goals a	nt effor a a pland nitoring t and in	and tervention	
APPLICABLE POPULATIO	•	usg	UNIT				DURATION		
☐ Child (0-11) ☑ Yo ☐ Adol (12-17) (18-2	oung Adult 🗵 A 20) 🗵 (Adult(21-64) Geriatric (65+)	☐ Encount 区 Day		☐ 15 Min ☐ 1 Hour		Minimum: 4		nins
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM		CATEGO	RY(IES)			
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)		☑ SP (HE)* ☐ Other SI ☐ Residen ☑ HF (2 nd I *For young	P (TG) tial (SC) modifier-S		□ ICM ☑ ACT □ Res		□ C □ R	/oc (HJ) Clubhouse (HB) Recovery (TS) Prev/EI (HT)
STAFF REQUIREMENTS									
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ Unlicensed Master's Level (HC ☑ LCSW (AJ)/LSW/ LMFT/ LPC) PhD/Psy	ed EdD/	□ QM <i>i</i>	AP	⊠ RN	/LVN (TE) (TD) :N (SA)	⊠ RxN ⊠ PA ⊠ MC	
PLACE OF SERVICE (POS)									
☑ Office (11) ☑ Mobile Unit (15) ☑	ACF (13) Cust Care (33) Grp Home (14) Home (12)	☐ Hospice (34)☑ ICF-MR (54)☑ NF (32)☐ PRTF (56)	2	Shelter (SNF (31) FQHC (5	(04)) 50)	□ Inpt □ ER (2		Sch	on/CF (09) ool (03) eer POS (99)

RESIDENTIAL SERVICES – SUPPORTED HOUSING								
CPT®/HCPCS PROCEDUR	E CODE		PROCI	EDURE COD	E DES	CRIPTION		USAGE
	H0043		Supported housing, per diem					☑ Medicaid☑ OBH
SERVICE DESCRIPTION			MININ	IUM DOCL	JMENT	TATION REQ	UIREMENTS	
In-home behavioral health support for clients living in a residence, either alone or with others, to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision. The service cannot be provided in a group home as the place of service. NOTES Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management.				Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided/Shift note describing services 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties EXAMPLE ACTIVITIES				
psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H0043.								
APPLICABLE POPULATIO	N(S)		UNIT				DURATION	Í
☐ Child (0-11) ☑ Yo ☐ Adol (12-17) (18-2		ult(21-64) riatric (65+)	□ End ☑ Da	ounter y		5 Minutes Hour	Minimum: Maximum	•
ALLOWED MODE(S) OF D	DELIVERY				CE CA	TEGORY(IES)		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/HS)		☐ Res	(HE)* ler SP (TG) idential (SC oung adult		☑ ICM (SK) ☐ ACT (HK ☐ Respite)) (sv)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/EI (HT)
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ Unlicensed Master's Level (HO) ☑ LCSW (AJ)/LSW/ LMFT/ LPC	☑ Unlicer PhD/PsyD ☑ License PhD/PsyD	(HP) ed EdD/	•)MAP	⊠RN	I/LVN (TE) (TD) RN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)
PLACE OF SERVICE (POS)								
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ Hospice (☐ ICF-MR (5☐ NF (32)☐ PRTF (56)	54)	☐ Shelter ☐ SNF (31 ☐ FQHC		☐ Inpt ☐ Inpt ☐ ER (2 ☐ PF-P	23)	☐ Prison/CF (09) ☐ School (03) ☑ Other POS (99)

RESIDENTIAL SERVICES – SUPPORTED HOUSING							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
H0044	Supported housing, per month	✓ Medicaid✓ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
In-home behavioral health support for clients living in a residence, either alone or with others, to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision. The service cannot be provided in a group home as the place of service. NOTES Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management,	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided/Shift note describing services 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties EXAMPLE ACTIVITIES						
etc.) are documented, and reported or billed separately from H0044.							
APPLICABLE POPULATION(S)	UNIT DURATION	V					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☐ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Mins ☐ Minimum: ☐ Day ☐ 1 Hour ☐ Maximum	•					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)						
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☐ Family (HR/HS) 	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	use (HB) ery (TS)					
STAFF REQUIREMENTS							
☑ Peer Specialist ☑ Unlicensed ☑ Unlicensed ☑ Bachelor's Level (HN) Master's Level (HO) PhD/PsyD (☑ LCSW (AJ)/LSW/ ☑ Licensed LMFT/ LPC PhD/PsyD (HP) ⊠ QMAP ⊠ LPN/LVN (TE) ⊠ RXN EdD/ ⊠ RN (TD) ⊠ PA (F	•					
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☐ ACF (13) ☐ Hospice ☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outp Hospital(22) ☒ Home (12) ☐ PRTF (56)	54)	on/CF (09) ool (03) er POS (99)					

RESPITE CARE SERVICES								
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDU	JRE CODE	DESCRIP	TION		USAGE
	H0045		Respite care services, not in the home, per diem Medicaid OBH					
SERVICE DESCRIPTION			MINIMUI	M DOCUM	MENTATIO	ON REQ	UIREMENTS	
Overnight services provi	ded in a properly license	d 24-hour	Technica	Docume	ntation R	equirer	nents	
facility by medical profe	ssionals within their scor	oe(s) of	See Page 253					
practice. Services must be reasonably expected to improve/			Service C	ontent				
	and functional level of the			se of con				
	spitalization. Services inc			e service:				
	, structure and support,		Specia	al instruct	ions and	that tho	se instruction	ns were followed
	re should be flexible to e	ensure that		's respons				
the client's daily routine	is maintained.		5. Progr	ess towar	d treatme	ent/serv	ice plan goals	s and objectives
NOTES			EXAMPLE					
Unlike respite procedure requires practical/profeshealth and physical neediem). Respite care over diem); respite care up to T1005. Discrete services psychotherapy, psychiat etc.) are documented, a H0045. For Services provided at modifier ET in fields 2 th APPLICABLE POPULATION Child (0-11) Y Adol (12-17) (18-ALLOWED MODE(S) OF	eet the hours (per 10045 (per ported as individual ement, rately from	 Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. Assistance with monitoring health status and physical condition Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of client Accompanying the client to appointments/ meetings when supervision is required Assistance/supervision needed by client to participate in social, recreational/community activities UNIT DURATION Encounter 15 Minutes Minimum: 4.25 Hours PROGRAM SERVICE CATEGORY(IES) SP (HE) ICM (SK) 						
☐ Video Conf (GT)	☑ Group (HQ)		☐ Other☐ Reside			□ ACT		☐ Clubhouse (HB)☐ Recovery (TS)
☐ Telephone	☐ Family (HR/HS)			modifier	-SUD)	⊠ Resp	oite (SY)	☐ Prev/EI (HT)
STAFF REQUIREMENTS								
☐ Peer Specialist☐ Bachelor's Level (HN) ☑ Intern	□ Unlicensed Master's Level (HO) □ LCSW (AJ)/LSW/ LMFT/ LPC	□ Unlice PhD/Psy □ Licens PhD/Psyl	D (HP) ☐ QMAP ☐ RN (TD ed EdD/ ☐ APRN (⊠ RxN (SA) ⊠ PA (PA) □ MD/DO (AF)		
PLACE OF SERVICE (POS	•							
☑ CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐Outp Hospital(22)	☑ ACF (13) ☐ Cust Care (33) ☑ Grp Home (14) ☐ Home (12)	☑ Hospice ☑ ICF-MR (☑ NF (32) ☑ PRTF (56	[54) L	☐ Shelter ☑ SNF (31 ☑ FQHC ()	☐ Inpt ☐ Inpt ☐ ER (2 ☐ PF-P	23)	☐ Prison/CF (09) ☐ School (03) ☐ Other POS (99)

Treatment								
CPT ®/HCPCS PROCE	OURE CODE		PROCEDURE C		USAGE			
	H0047		Alcohol and/or other drug abuse services; not					
	110047			otherwise specified				
SERVICE DESCRIPTION				CUMENTATION REQUIR	EMENTS			
· ·	persons with alcohol and/or other	_	Date of service					
problems in outpatier	nt settings, not elsewhere class	ified.	Start and stop time (duration)					
			Signed with 1 st initial, last name & credentials					
NOTES			EXAMPLE ACT	IVITIES				
APPLICABLE POPULA		—	- 1 1: /:>					
☑ Child (0-11)	☑ Adol (12-17)	✓ Young	g Adult (18-20)	☑ Adult (21-64)		ic (65+)		
PLACE OF SERVICE (P	OS)							
☑ School (03)	☐ Mobile Unit (15)	☐ NF (32	2)	☑ CMHC (53)	☐ CORF (6	52)		
☑ Shelter (04)	☐ Temp Lodge (16)	☐ Cust C	` '	☐ ICF-MR (54)		Health Clinic (71)		
☑ Prison/CF (09)	☐ Urgent Care (20)	☐ Hospi	ce (34)	☐ RSATF (55)	☐ Rural H	ealth Clinic (72)		
☑ Office (11)	☐ ER Hosp (23)		ndt Clinic (49)	☐ PRTF (56)	☐ Other P	OS (99)		
• • •		☑ FQHC		☑ Non-Residential SA				
` ,		☐ Inpt P	` '	Treatment Cntr (57)				
\square Group Home (14) \square SNF (31) \square PF-F			P (52)	☐ CIRF (61)	_			
MODIFIER		UNIT			DURATIO			
☑ AF □ H	-	☐ Encou	ınter	☐ 1 Hour	Minimum	•		
☑ AH ☐ H	_ :=	☐ Day		☐ 3 Hours	Maximum	: N/A		
□ HA ☑ H		☑ 15 Mi						
□нв ☑н			D MODE(S) OF I					
□нс □н	-	☑ Face-t		☑ Group (HQ)	☑ Teleme			
□ HD □ H	— ···		Conference	☐ Family	☐ Telecor	nference		
□ HG □ H		☐ Telepl		☑ On-Site				
□нн □н		☑ Individ	dual	☐ Off-Site				
MINIMUM STAFF REC					· ·			
☐ Peer Specialist	☐ APRN (SA)			'	☑ MD/DO (A	.F)		
Less than Bachelor	-, (-,,				□ QMAP			
Level (HM)	☑ Unlicensed EdD/PhD/					,		
☐ LPN/LVN (TE) ☐ Unlicensed Master's Lev						r for Deaf and		
☐ Bachelor's Level (H	, , ,	an	☑ CAC III		Hard Hearing			
☐ Psych. Tech	practitioner (NPP)		☑ NP (SA)		☐ Dentist (or	nly for SBIR I		
☐ RN (TD)			□ PA		codes)			
☐ RxN (SA)								

		S	Screening					
CPT ®/HCPCS PROCEDU	JRE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE		
	H0048		Alcohol and/or	other drug testing; coll	ection of	☐ Medicaid		
	110046		handling only,	handling only, specimens other than blood				
SERVICE DESCRIPTION			MINIMUM DO	MINIMUM DOCUMENTATION REQUIREMENTS				
	means the collection and han		 Date of ser 	rvice				
	the purposes of analysis for t		Screening I	results				
	d/or other drugs, and does no	t	Signed with	h 1 st initial, last name &	credentials			
-	analysis of such specimens.							
Appropriate and approved samples for drug testing shall be								
collected and analyzed in accordance with applicable state								
	d regulations, and OBH rules,	policies						
and procedures.			EVALUE 4.03					
NOTES		11.1	EXAMPLE ACT					
	reath, and blood samples shall			air, saliva, or urine for th	ne purpose of	testing for the		
	ction, handling, recording and		presence of ald	conoi or arugs.				
	mple viability for evidentiary a							
therapeutic purposes. If reimbursed by Medicaid screening is limited to thirty-six (36) specimens per State FY. Modifier HG								
only applies for opioid		illel IIG						
APPLICABLE POPULATI								
☑ Child (0-11)	☑ Adol (12-17)	✓ Young	g Adult (18-20)	☑ Adult (21-64)		ic (65+)		
PLACE OF SERVICE (POS)								
☑ School (03)	☑ Mobile Unit (15)	☑ NF (32	2)	☑ CMHC (53)	☑ CORF (62)		
☑ Shelter (04)	☑ Temp Lodge (16)	☑ Cust 0	Care (33)	☑ ICF-MR (54)		Health Clinic (71)		
☑ Prison/CF (09)	☑ Urgent Care (20)	☐ Hospi	ce (34)	☑ RSATF (55)	☑ Rural H	lealth Clinic (72)		
☑ Office (11)	☑ ER Hosp (23)	☑ Indep	ndt Clinic (49)			POS (99)		
☑ Home (12)	✓ Amb Surg Ctr (24)	☑ FQHC	(50)	☑ Non-Residential SA				
☑ ALF (13)	☑ MTF (26)	☑ Inpt P	PF (51)	Treatment Cntr (57))			
☑ Group Home (14)	☑ SNF (31)	☑ PF-PH	IP (52)	☑ CIRF (61)				
MODIFIER		UNIT			DURATIO	N		
☑ AF ☑ HM		☑ Encou	unter	☐ 1 Hour	Minimum	•		
☑ AH ☑ HN	☑ TD	☐ Day		☐ 3 Hours		n: 36 specimens		
□ на		□ 15 Mi			per State	FY		
☐ HB ☑ HP	☐ TF		D MODE(S) OF I					
□нс □но		☑ Face-t		☐ Group (HQ)	☐ Teleme			
□ HD □ HR	□UK		Conference	☐ Family	☐ Teleco	nference		
☑ HG □ HS	□ 22 □ 52	☐ Telep		☑ On-Site				
□нн □нт	□ 52	☑ Indivi	dual	☑ Off-Site				
MINIMUM STAFF REQU								
☐ Peer Specialist	✓ APRN (SA)	20		vention Specialist	☑ MD/DO (A	AF)		
☑ Less than Bachelor's				EdD/PhD/PsyD (AH)	☑ QMAP	e En allie.		
Level (HM)	☑ Unlicensed EdD/PhD/P	, , ,	☑ CAC I		☑ Treatmen	•		
☑ LPN/LVN (TE)	✓ Unlicensed Master's Le		☑ CAC II			er for Deaf and		
☑ Bachelor's Level (HN		ı	☑ CAC III		Hard Hearing			
☑ Psych. Tech ☑ RN (TD)	practitioner (NPP)		☑ NP (SA) ☑ PA		codes)	only for SBIRT		
☑ RxN (SA)			L I A		coucsi			

	Assessment							
CPT ®/HCPCS PRO	CEDU	RE CODE		PROCEDURE CO		USAGE		
		H1000		Prenatal Care, At Risk Assessment ☐ Medicaid ☐ OBH				
SERVICE DESCRIPT	ION			MINIMUM DO	CUMENTATION REQUIR	REMENTS		
		t is designed to determine th	e level	Date of services				
		dependence and the			top time (Duration)			
		nt needs of a drug/alcohol at	nusing		verification and docum	antation of icc	uoc	
pregnant client.			7431116			entation of iss	ues	
pregnant chemi.				ation of prenatal care				
				Clinical not				
					f session			
					on or start/stop time			
				_	ss towards treatment g	oais		
					ttainment			
					plan goals and objective	es		
				Service plan				
					n 1 st initial, last name &	credentials		
NOTES				EXAMPLE ACTI				
				Face to face ris	k assessment			
APPLICABLE POPU	JLATIC				7			
☐ Child (0-11)	_	☑ Adol (12-17)	✓ Young	g Adult (18-20)	☑ Adult (21-64)	☐ Geriatr	ic (65+)	
PLACE OF SERVICE (POS)								
✓ School (03)		☐ Mobile Unit (15)	☐ NF (32	•	✓ CMHC (53)	CORF (•	
☑ Shelter (04)		☐ Temp Lodge (16)	☐ Cust C		☐ ICF-MR (54)		Health Clinic (71)	
☑ Prison/CF (09)		☐ Urgent Care (20)	☐ Hospi		☐ RSATF (55)		ealth Clinic (72)	
☑ Office (11)		☐ ER Hosp (23)	☐ Indep	ndt Clinic (49)	☐ PRTF (56)	☐ Other F	POS (99)	
✓ Home (12)		☐ Amb Surg Ctr (24)	☑ FQHC	(50)	☑ Non-Residential SA			
☐ ALF (13)		☐ MTF (26)	☐ Inpt P	F (51)	Treatment Cntr (57)		
☐ Group Home (1	4)	☐ SNF (31)	☐ PF-PH	P (52)	☐ CIRF (61)			
MODIFIER			UNIT			DURATIO		
	∃HM	□ SA	☐ Encou	ınter	☐ 1 Hour	Minimum	: N/A	
\Box AH	∃HN	□ TD	\square Day			Maximum	ı: N/A	
] HO	☐ TE	☐ 15 Mi	nutes				
	∃HP	☐ TF	ALLOWE	D MODE(S) OF D	ELIVERY			
☐ HC ☐] HQ	☐ TG		o-Face	☐ Group (HQ)	☑ Teleme	edicine	
□ HD □	∃HR	□ UK	☐ Video	Conference	☐ Family	☐ Teleco	nference	
□HG□□	∃HS	□ 22	☑ Teleph	hone	☑ On-Site			
] HT	□ 52	☑ Individual	dual	☐ Off-Site			
MINIMUM STAFF	REQU	IREMENTS						
☐ Peer Specialist		☐ APRN (SA)		☐ Cert Prev	ention Specialist	☐ MD/DO (A	vE)	
☐ Less than Bache	elor's	☑ LAC/LCSW (AJ)/LMFT/	LPC	☐ Licensed	EdD/PhD/PsyD (AH)	\square QMAP		
Level (HM) Unlicensed EdD/PhD/PsyD (HP)			PsyD (HP)	☐ CAC I		☑ Treatmen	t Facility	
☐ LPN/LVN (TE)		☐ Unlicensed Master's L	evel (HO)	☑ CAC II		☐ Interprete	r for Deaf and	
☐ Bachelor's Leve	l (HN)	☐ Licensed non-physicia	n	☑ CAC III		Hard Hearing	5	
☐ Psych. Tech		practitioner (NPP)		\square NP (SA)		☐ Dentist (o	nly for SBIRT	
□ RN (TD)		•		□ PA		codes)		
☐ RxN (SA)						•		

	Case Management							
CPT ®/HCPCS PROCEDU	JRE CODE		PROCEDURE CO		USAGE			
	H1002		Care coordination prenatal/case management ☐ Medicaid ☑ OBH					
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQU	IREMENTS			
Case management mea drug/alcohol treatment planning, linkage to oth Case management mea	ns services provided by a cert counselor to include service er service agencies and monit ns medically necessary coord rovided with or on behalf of a sorder.	 Date of service Start and stop time (duration) Clinical notes Type of session Duration or start/stop time Progress towards treatment goals Goal Attainment Signed with 1st initial, last name & credentials 						
NOTES			EXAMPLE ACTI	IVITIES				
				rent client to a resider he gets there) and obt		-		
APPLICABLE POPULATI	ON(S)							
☐ Child (0-11)	☑ Adol (12-17)	✓ Young	g Adult (18-20)	☑ Adult (21-64)	☐ Geriatric	(65+)		
PLACE OF SERVICE (POS)								
✓ School (03) ✓ Shelter (04) ✓ Prison/CF (09) ✓ Office (11) ✓ Home (12) ☐ ALF (13) ☐ Group Home (14)	☐ Mobile Unit (15) ☐ Temp Lodge (16) ☐ Urgent Care (20) ☐ ER Hosp (23) ☐ Amb Surg Ctr (24) ☐ MTF (26) ☐ SNF (31)	☐ NF (32 ☐ Cust C ☐ Hospid ☐ Indepid ☑ FQHC ☐ Inpt P ☐ PF-PH	care (33) ce (34) ndt Clinic (49) (50) F (51)	☐ CMHC (53) ☐ ICF-MR (54) ☐ RSATF (55) ☐ PRTF (56) ☑ Non-Residential Son Treatment Cntr (50) ☐ CIRF (61)	□ Rural He □ Other PC A	ealth Clinic (71) alth Clinic (72)		
MODIFIER		UNIT		DURATION				
☐ AF ☐ HM ☐ AH ☐ HN ☐ HA ☐ HO	□ SA □ TD □ TE	☐ Encou ☐ Day ☑ 15 Mi		☐ 1 Hour ☐ 3 Hours	Minimum: I Maximum:	•		
□НВ □НР	☐ TF	ALLOWE	D MODE(S) OF D	DELIVERY				
HC ☑ HQ HD ☐ HR HG ☐ HS HH ☐ HT	□ UK □ 22 □ 52	☑ Face-t □ Video ☑ Telepl □ Individ	Conference none	☑ Group (HQ) ☐ Family ☑ On-Site ☑ Off-Site	☑ Telemed □ Teleconf			
MINIMUM STAFF REQU								
☐ Peer Specialist ☐ Less than Bachelor's Level (HM) ☐ LPN/LVN (TE) ☐ Bachelor's Level (HN ☐ Psych. Tech ☐ RN (TD) ☐ RxN (SA)	☐ Unlicensed EdD/PhD/☐ Unlicensed Master's L	PsyD (HP) .evel (HO)	☐ Licensed ☐ CAC I	vention Specialist EdD/PhD/PsyD (AH)	☐ MD/DO (AF) ☐ QMAP ☑ Treatment Fa ☐ Interpreter fo Hard Hearing ☐ Dentist (only codes)	or Deaf and		

H1003	Support Service								
Prenatal Larg, at risk enhanced service, education	CPT ®/HCPCS PROCEDU	RE CODE		PROCEDURE C		USAGE			
Services facilitated by a ctriffied drug/alcohol treatment counselor to help a client develop health and life management skills.		H1003							
Start and stop time (duration) Attendance documentation Attendance documentation Attendance documentation Documentation of topics covered Signed with 1st initial, last name & redentials	SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQUI	REMENTS			
Matendance documentation	Services facilitated by a	certified drug/alcohol treatm	nent	• Date of se	ervice				
Documentation of topics covered Signed with 1st initial, last name & credentials	counselor to help a clier	nt develop health and life		Start and stop time (duration)					
NOTES	management skills.			Attendance documentation					
NOTES				Documentation of topics covered					
HIV Prevention class delivered with the context of a substance user disorder treatment program. APPLICABLE POPULATION(S) Child (0-11)				Signed with 1st initial, last name & credentials					
APPLICABLE POPULATION(S)	NOTES			EXAMPLE ACT	IVITIES				
APPLICABLE POPULATION(S) □ Child (0-11) ☑ Adol (12-17) ☑ Young Adult (18-20) ☑ Adult (21-64) □ Geriatric (65+) PLACE OF SERVICE (POS) □ School (03) □ Mobile Unit (15) □ NF (32) ☑ CMHC (53) □ CORF (62) □ Shelter (04) □ Temp Lodge (16) □ Cust Care (33) □ ICF-MR (54) □ Public Health Clinic (71) □ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) □ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) ☑ Other POS (99) ☑ Home (12) □ Amb Surg Ctr (24) ☑ FQHC (50) ☑ Non-Residential SA □ ALIF (13) □ MTF (26) □ Inpt PF (51) □ Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61) □ DURATION ☐ AF □ HM □ SA □ Encounter ☑ 1 Hour Minimum: N/A □ AF □ HN □ Day □ 3 Hours Maximum: N/A □ HA □ HO □ TE □ 15 Minutes □ Telephone □ Group (HQ) ☑ Telemedicine □ H				HIV Prevention	n class delivered with th	e context of a	substance user		
□ Child (0-11) ☑ Adol (12-17) ☑ Young Adult (18-20) ☑ Adult (21-64) □ Geriatric (65+) PLACE OF SERVICE (POS) □ School (03) □ Mobile Unit (15) □ NF (32) ☑ CMHC (53) □ CORF (62) □ Shelter (04) □ Temp Lodge (16) □ Cust Care (33) □ ICF-MR (54) □ Public Health Clinic (71) □ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) □ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) ☑ Other POS (99) ☑ Home (12) □ Amb Surg Ctr (24) ☑ FQHC (50) ☑ Non-Residential SA □ Are Teatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61) □ DURATION MODIFIER UNIT DURATION □ AF □ HM □ SA □ Encounter ☑ 1 Hour Maximum: N/A □ HA □ HO □ TE □ 15 Minutes □ 15 Minutes □ 15 Minutes □ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY □ Telephone □ On-Site ☑ Webinar				disorder treatr	ment program.				
School (03)	APPLICABLE POPULATION(S)								
School (03) Mobile Unit (15) NF (32) CMHC (53) CORF (62) Shelter (04) Temp Lodge (16) Cust Care (33) ICF-MR (54) Public Health Clinic (71) Prison/CF (09) Urgent Care (20) Hospice (34) RSATF (55) Rural Health Clinic (72) Ø Office (11) ER Hosp (23) Indepndt Clinic (49) PRTF (56) Ø Other POS (99) Ø Home (12) Amb Surg Ctr (24) Ø FQHC (50) Non-Residential SA ALF (13) MTF (26) Inpt PF (51) Treatment Cntr (57) Group Home (14) SNF (31) PF-PHP (52) CIRF (61) MODIFIER UNIT DURATION AF HM SA Encounter Ø 1 Hour Minimum: N/A AH HN DD Day 3 Hours Maximum: N/A HA HO TE 15 Minutes Maximum: N/A HB HP TF ALLOWED MODE(S) OF DELIVERY HC HO TG Face-to-Face Ø Group (HQ) Ø Telemedicine HB HS US			✓ Young	g Adult (18-20)	☑ Adult (21-64)	☐ Geriatr	ic (65+)		
□ Shelter (04) □ Temp Lodge (16) □ Cust Care (33) □ ICF-MR (54) □ Public Health Clinic (71) □ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) □ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) ☑ Other POS (99) ☑ Home (12) □ Amb Surg Ctr (24) ☑ FQHC (50) ☑ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61) MODIFIER DURATION □ AF □ HM □ SA □ Encounter ☑ 1 Hour Minimum: N/A □ AH □ HN □ Day □ 3 Hours Maximum: N/A □ HA □ HO □ TE □ 15 Minutes □ ALLOWED MODE(S) OF DELIVERY □ HC ☑ HQ □ TG ☑ Face-to-Face ☑ Group (HQ) ☑ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone<									
□ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) □ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) ☑ Other POS (99) ☑ Home (12) □ Amb Surg Ctr (24) ☑ FQHC (50) ☑ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61) MODIFIER DURATION □ AF □ HM □ SA □ Encounter ☑ 1 Hour Minimum: N/A □ AH □ HN □ TD □ Day □ 3 Hours Maximum: N/A □ HA □ HO □ TE □ 15 Minutes □ 15 Minutes □ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY □ HC ☑ HQ □ TG ☑ Face-to-Face ☑ Group (HQ) ☑ Telemedicine □ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ Telephone □ On-Site ☑ Webinar	☐ School (03)	☐ Mobile Unit (15)	☐ NF (32	2)	☑ CMHC (53)	☐ CORF (€	52)		
✓ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) ✓ Other POS (99) ✓ Home (12) □ Amb Surg Ctr (24) ☑ FQHC (50) ☑ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61) MODIFIER DURATION □ AF □ HM □ SA □ Encounter ☑ 1 Hour Minimum: N/A □ AH □ HO □ TE □ 15 Minutes Maximum: N/A □ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY □ HC ☑ HQ □ TG ☑ Face-to-Face ☑ Group (HQ) ☑ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ Individual □ Off-Site ☑ Webinar	` '			. ,	` '		` '		
✓ Home (12) Amb Surg Ctr (24) ✓ FQHC (50) ✓ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61) MODIFIER DURATION □ AF □ HM □ SA □ Encounter ☑ 1 Hour Minimum: N/A □ AH □ HN □ TD □ Day □ 3 Hours Maximum: N/A □ HA □ HO □ TE □ 15 Minutes □ Maximum: N/A □ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY □ HC ☑ HQ □ TG ☑ Face-to-Face ☑ Group (HQ) ☑ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ Individual □ Off-Site □ Webinar									
□ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61) MODIFIER □ AF □ HM □ SA □ Encounter □ 1 Hour Minimum: N/A □ AH □ HN □ TD □ Day □ 3 Hours Maximum: N/A □ HA □ HO □ TE □ 15 Minutes □ HA □ Maximum: N/A □ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY □ Telemedicine □ HC □ HQ □ TG □ Face-to-Face □ Group (HQ) □ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site □ Webinar □ HH □ HT □ Steephone □ Off-Site □ Webinar							OS (99)		
Group Home (14)									
MODIFIER UNIT DURATION □ AF □ HM □ SA □ Encounter □ 1 Hour □ Minimum: N/A □ AH □ HN □ TD □ Day □ 3 Hours □ Maximum: N/A □ HA □ HO □ TE □ 15 Minutes □ Maximum: N/A □ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY □ HC □ HQ □ TG ☑ Face-to-Face ☑ Group (HQ) ☑ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ S2 □ Individual □ Off-Site					-	')			
□ AF □ HM □ SA □ Encounter ☑ 1 Hour Minimum: N/A □ AH □ HN □ TD □ Day □ 3 Hours Maximum: N/A □ HA □ HO □ TE □ 15 Minutes □ HE □ HE □ MINUTERY □ MINUTERY □ Telemedicine □ Face-to-Face ☑ Group (HQ) ☑ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ S2 □ Individual □ Off-Site ☑ Webinar		☐ SNF (31)							
□ AH □ HN □ TD □ Day □ 3 Hours Maximum: N/A □ HA □ HO □ TE □ 15 Minutes □ 15 Minutes □ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY □ HC □ HQ □ TG □ Face-to-Face □ Group (HQ) □ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site □ Webinar □ HH □ HT □ 52 □ Individual □ Off-Site			0.000						
□ HA □ HO □ TE □ 15 Minutes □ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY □ HC □ HQ □ TG ☑ Face-to-Face ☑ Group (HQ) ☑ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ 52 □ Individual □ Off-Site				inter			•		
□ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY □ HC □ HQ □ TG □ Face-to-Face □ Group (HQ) □ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ 52 □ Individual □ Off-Site			,		☐ 3 Hours	Maximum	ı: N/A		
□ HC □ HQ □ TG □ Face-to-Face □ Group (HQ) □ Telemedicine □ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ 52 □ Individual □ Off-Site	_								
□ HD □ HR □ UK □ Video Conference □ Family □ Teleconference □ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ 52 □ Individual □ Off-Site		— ··							
□ HG □ HS □ 22 □ Telephone □ On-Site ☑ Webinar □ HH □ HT □ 52 □ Individual □ Off-Site		-							
□ HH □ HT □ 52 □ Individual □ Off-Site					•				
- I marriada						✓ Webina	ar		
MINIMUM STAFF REQUIREMENTS		_	☐ Individ	dual	☐ Off-Site				
							<u></u>		
☐ Peer Specialist ☐ APRN (SA) ☐ Cert Prevention Specialist ☐ MD/DO (AF)	· ·		4.55				· Ͱ)		
☐ Less than Bachelor's ☐ LAC/LCSW (AJ)/LMFT/LPC ☐ Licensed EdD/PhD/PsyD (AH) ☐ QMAP					EdD/PhD/PsyD (AH)	-•	. =		
Level (HM) Unlicensed EdD/PhD/PsyD (HP) CAC I Treatment Facility	` '						,		
□ LPN/LVN (TE) □ Unlicensed Master's Level (HO) □ CAC II □ Interpreter for Deaf and									
☐ Bachelor's Level (HN) ☐ Licensed non-physician ☐ CAC III Hard Hearing ☐ Result Teach ☐ Result			111				•		
☐ Psych. Tech practitioner (NPP) ☐ NP (SA) ☐ Dentist (only for SBIRT Codes)		practitioner (NPP)					IIY IOF SBIKT		
	☐ RxN (SA)			⊔rA		couesj			

All staff must operate within an OBH-licensed treatment agency

	Treatment						
CPT ®/HCPCS PROCEDU	IRE CODE		PROCEDURE C		USAGE		
	H1004		Prenatal follow up home visit ☐ Medicaid ☑ OBH				
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQUIR	EMENTS		
Prenatal Care Coordination follow-up visits provided in the home			 Date of service Start and stop time (duration) Description of service rendered Recommendations Signed with 1st initial, last name & credentials 				
NOTES			EXAMPLE ACT	IVITIES			
the home. The only vali "12" (home).	004 for follow-up visits provid d POS (place of service) for H						
APPLICABLE POPULATION							
☐ Child (0-11)	✓ Adol (12-17)	✓ Young	3 Adult (18-20)	✓ Adult (21-64)	☑ Geriatr	ic (65+)	
PLACE OF SERVICE (POS	5)						
School (03) Shelter (04) Prison/CF (09) Office (11) Home (12) ALF (13) Group Home (14) MODIFIER AF	☐ Mobile Unit (15) ☐ Temp Lodge (16) ☐ Urgent Care (20) ☐ ER Hosp (23) ☐ Amb Surg Ctr (24) ☐ MTF (26) ☐ SNF (31)	FQHC ☐ Inpt P ☐ PF-PH UNIT ☐ Encou ☐ Day ☑ 15 Mil ALLOWE ☑ Face-t	Care (33) ce (34) ndt Clinic (49) c (50) F (51) P (52) Inter D MODE(S) OF Inter Co-Face Conference Conne	✓ CMHC (53) ☐ ICF-MR (54) ☐ RSATF (55) ☐ PRTF (56) ☑ Non-Residential SA Treatment Cntr (57) ☐ CIRF (61) ☐ 1 Hour ☐ 3 Hours DELIVERY ☐ Group (HQ) ☐ Family ☐ On-Site ☑ Off-Site	□ Rural H □ Other F	Health Clinic (71) lealth Clinic (72) POS (99) N : N/A n: N/A	
MINIMUM STAFF REQU		<u> </u>	Juai	☑ OII-Site			
☐ Peer Specialist ☐ Less than Bachelor's Level (HM) ☐ LPN/LVN (TE) ☐ Bachelor's Level (HN ☐ Psych. Tech ☐ RN (TD) ☐ RxN (SA)	☑ APRN (SA) ☑ LAC/LCSW (AJ)/LMFT/L ☑ Unlicensed EdD/PhD/P ☑ Unlicensed Master's Le	syD (HP) evel (HO)		ntion Specialist dD/PhD/PsyD (AH)	✓ MD/DO (A ✓ QMAP ☐ Treatmen ☐ Interprete Hard Hearing ☐ Dentist (o codes)	t Facility er for Deaf and g	

	Treatment						
CPT [®] /HCPCS PROCEDURE	CODE		PROCEDURE C	ODE DESCRIPTION		USAGE	
	H1010		Non-medical family planning ☐ Medica ☑ OBH				
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQUIP	REMENTS		
Family planning services in	clude sexuality education,	the	Date of service				
prevention and manageme	ent of sexually transmitted		Start and stop time (duration)				
infections, pre-conception	counseling and manageme	ent, and	Description of service rendered				
infertility management.			 Recommendations 				
			Signed with 1 st initial, last name & credentials				
NOTES			EXAMPLE ACT				
APPLICABLE POPULATION	(S)						
☐ Child (0-11) ☑	Ž Adol (12-17)		Adult (18-20)	☑ Adult (21-64)	☑ Geriatr	ic (65+)	
PLACE OF SERVICE (POS)							
] Mobile Unit (15)	☐ NF (32	2)	☑ CMHC (53)	☐ CORF (6	62)	
☑ Shelter (04) ☑	Temp Lodge (16)	☐ Cust C	are (33)	□ ICF-MR (54)		Health Clinic (71)	
	Urgent Care (20)	☐ Hospice (34)		□ RSATF (55)	☐ Rural H	ealth Clinic (72)	
` '] ER Hosp (23)	☐ Indepndt Clinic (49)		☑ PRTF (56)	☑ Other P	POS (99)	
	Amb Surg Ctr (24)	☑ FQHC		☑ Non-Residential SA			
] MTF (26)	☐ Inpt PF (51) Treatment Cntr (57))		
	SNF (31)	☐ PF-PH	P (52)	☐ CIRF (61)			
MODIFIER		UNIT			DURATIO		
☐ AF ☑ HM	□ SA		nter	☐ 1 Hour	Minimum	•	
☑ AH ☑ HN	□ TD	☐ Day		☐ 3 Hours	Maximum	: N/A	
□ HA ☑ HO	□ TE	☐ 15 Mir					
☐ HB ☑ HP	□ TF		D MODE(S) OF D				
☐ HC ☐ HQ	□TG	☑ Face-t		☐ Group (HQ)	☐ Teleme		
□ HD □ HR	□ UK		Conference	☐ Family	☐ Telecor	nference	
☐ HG ☐ HS	□ 22 □ 53	☐ Teleph		☐ On-Site			
☐ HH ☐ HT	□ 52	☑ Individ	dual	☑ Off-Site			
MINIMUM STAFF REQUIR			Court Busin	on ation. Consolinities		E)	
☐ Peer Specialist☑ Less than Bachelor's	☐ APRN (SA)	(LDC		vention Specialist	☐ MD/DO (A	ıF)	
	✓ LAC/LCSW (AJ)/LMFT/		□ CAC I	EdD/PhD/PsyD (AH)	☐ QMAP	. Fa ailia.	
Level (HM) □ LPN/LVN (TE)	✓ Unlicensed EdD/PhD/✓ Unlicensed Master's L		☐ CAC II		✓ Treatment Facility☐ Interpreter for Deaf and		
☐ Bachelor's Level (HN)	☐ Licensed non-physicia		☑ CAC III		Hard Hearing		
☑ Psych. Tech	practitioner (NPP)	11			☐ Dentist (or	•	
RN (TD)	practitioner (NFF)				codes)	ואוטכ וטו אווי	
☐ RxN (SA)			<u> </u>		coucs		

ASSESSMENT SERVICE	ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
H1011	Family assessment by a licensed behavioral health	☑ Medicaid					
	professional for State defined purposes	⊠ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
A non-medical educational visit with a client's family	Technical Documentation Requirements						
conducted by a health professional other than a physician	See Page 253						
(e.g., RN/a trained medical, psychiatric/SW), for a State- defined purpose.	Service Content 1. Family's presenting concern(s) (problem(s)						
defined purpose.	 Family's presenting concern(s)/problem(s) Family history – physical health status, medical (i 	including					
Do not submit this code until a State-defined purpose is	evaluation of medical conditions producing psycl						
determined.	symptoms); mental illness and treatment with da						
	and provider name(s), if available; psychosocial (interpersonal					
	and peer relationships, cultural and communicat	ion variables					
	[age, linguistic/ communication needs, gender, se						
	orientation, relational role, race, cultural resource						
	strengths], vocational/school/military service, ph						
	abuse/perpetration and current risk, legal status, violence, family history); family problems and str						
	of emotional, behavioral, vocational and social n	-					
	and development (for child/ adolescent); family's	-					
	vulnerabilities/ needs (i.e., resource utilization, p	_					
	strengths and adaptive skills, communication skil	ls, family roles					
	and relationships, interpersonal skills, coping me						
	3. Mental status exam – presentation/ appearance,						
	examiner, affect and mood, speech, intellectual/						
	functioning, thought process/content, insight, jud	dgment, high risk					
	factors (danger to self/others) 4. DSM-5 diagnosis						
	 Disposition – need for BH services, referral, etc. 						
NOTES	EXAMPLE ACTIVITIES						
Functional/risk assessments, genograms, and/or ecomaps							
may be utilized as part of the family assessment.							
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☐ Young Adult ☐ Adult (21-64) ☑ Adol (12-17) (18-20) ☐ Geriatric (65+)	⊠ Encounter						
	PROGRAM SERVICE CATEGORY(IES)						
	X CD (HE)	l Voc (HJ)					
☑ Face-to-Face ☐ Individual	□ Other CD (TC) □ ICIVI (SK) □	Clubhouse (HB)					
☐ Video Conf (GT) ☐ Group (HQ)	□ Residential (SC) □ ACT (HK) □	Recovery (TS)					
☐ Telephone ☑ Family (HR/HS)	✓ Respite (SY)	Prev/EI (HT)					
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Unlicensed ☐ Unlicensed ☐ Unlicensed		RxN (SA)					
☐ Bachelor's Level (HN)	(HP) LI CAC I RN (TD) R	PA (PA)					
☑ Intern ☑ LAC/LCSW ☑ Licensec (AJ)/LSW/ LMFT/ LPC PhD/PsyD (MD/DO (AF)					
PLACE OF SERVICE (POS)	AII) LI CAC III						
 ⊠ CMHC (53)	Shelter (04) ■ Inpt Hosp (21) □	Prison/CF (09)					
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54)		School (03)					
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)	☐ FQHC (50) 区 ER (23)	NRSATF (57)					
☐ Outp Hospital(22)	☑ Independent Clinic (49) ☑ PF-PHP (52) ☑	Other POS (99)					

ASSESSMENT SERVICES – ASSESSMENT/DIAGNOSIS							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
H2000	Comprehensive multidisciplinary evaluation	☑ Medicaid☑ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
A multidisciplinary evaluation and assessment of a client's needs and strengths for individuals with high risk and high acuity and a multidisciplinary intervention is necessary for the purpose of development of a multi-disciplinary and/or community treatment plan which may include providers outside of the agency for purposes of collaborative deliver of care, in such areas as psychiatric, physical, psychosocial family, recreational and occupational therapy (OT).	See Page 253 Service Content 1. The reason for the visit/call. What was the inten agenda? Chief complaint/presenting concern(s) ry 2. Description of the service	or problem(s) ifiliation or coordination					
NOTES	EXAMPLE ACTIVITIES						
A multidisciplinary team is comprised of family members/ significant others, service providers representing 3 or more disciplines/professions, and others deemed appropriate by the client, involved in the provision of integrated and coordinated services, including evaluation and assessment activities and development of an individualized treatment/service plan. If multiple MHPs from the same agency are present, one note for service written and signe by writer only (usually facilitator). The consumer does not have to be present. Family and/or other involvement as requested by the consumer. At least 3 or more disciplines or professions must be present, face to face. All 3 do not need to be from one agency. The facilitator must be from agency. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.	• To review level of care y t ed						
APPLICABLE POPULATION(S)	UNIT DURATION						
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	The state of the s						
☑ Adol (12-17) (18-20) ☑ Geriatric (65+ ALLOWED MODE(S) OF DELIVERY							
☑ Face-to-Face ☑ Individual ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS)	☐ Other SP (TG) ☐ ICM (SK) ☐ C ☐ Residential (SC) ☐ Respite (SV) ☐ F	/oc (HJ) Clubhouse (HB) Recovery (TS) Prev/EI (HT)					
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern Master's Level (HO) ☐ LAC/LCSW ☐ Lic ☐ (AJ)/LSW/ LMFT/ LPC ☐ PhD/I	PSYD (HP)	Rxn (SA) PA (PA) MD/DO (AF)					
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☒ ACF (13) ☒ Hospid ☒ Office (11) ☒ Cust Care (33) ☒ ICF-M ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outo Hospital(22) ☒ Home (12) ☒ PRTF (IR (54)	Prison/CF (09) School (03) Other POS (99)					

TREATMENT SERVICES – REHABILITATION SERVICES – REHABILITATION PROGRAM						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H2001	Rehabilitation program, per ½ day	☑ Medicaid☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
A facility-based, structured rehabilitative skills-building program; treatment interventions include problem-solving and coping skills development, and skill building to facilitate independent living and adaptation.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives?					
	 5. Plan for next contact(s) including any follow-up of needed with 3rd parties 6. Specific service needs identified in treatment/ser household management, nutrition, hygiene, mort management, parenting skills, etc.) 7. Daily attendance log showing number of hours in reporting/billing purposes 	rvice plan (i.e., ney				
NOTES	EXAMPLE ACTIVITIES					
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2001. Services are available at least 20 – 25 hours/week, at least 4 days/week. * This code is not to be used for children under age 6.	 Individual/group skill-building activities focused on development of skills used by clients in living, learning, working and social environments Interventions address co-occurring psychiatric disabilities and SA Promotion of self-directed engagement in leisure, recreational and community social activities Engaging client to have input into service delivery programming Client participation in setting individualized goals and assessing his/her own skills and resources related to goal attainment 					
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☑ Encounter☐ 15 Minutes☐ Day☐ 1 Hour☐ Maximum: ½ Day	y (4 Hrs)				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	7.4.44.1				
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ Respite (SV)	l Voc (HJ) l Clubhouse (HB) l Recovery (TS) l Prev/El (HT)				
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) Master's Level (HO) PhD/F ☑ Intern ☑ LCSW (AJ)/LSW/ ☑ Lice	Properties FAD / □ QMAP ☑ RN (TD) ☑	RxN (SA) PA (PA) MD/DO (AF)				
PLACE OF SERVICE (POS)						
	$ \begin{array}{c cccc} VR(54) & \square SNF(31) & \square Inpt PF(51) \\ 32) & \square FOHC(50) & \square ER(23) & \square \end{array} $	Prison/CF (09) School (03) Other POS (99)				

TREATMENT SERVICES – CRISIS/EMERGENCY SERVICES								
CPT®/HCPCS PRO	CEDURE CODE		PROCEDURE (CODE DESC	RIPTIC	ON	U	SAGE
	H2011		Crisis interventi	ion service,	per 15	minutes		Medicaid OBH
SERVICE DESCRIP	TION		MINIMUM DO	CUMENT	ATION	REQUIREME	ENTS	
Unscheduled activit client crisis requirir in the client requi including crisis resp therapy. If the clie Action Plan (WRAF followed with the cl	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? Description of the crisis/need for crisis intervention 2. The therapeutic intervention(s) utilized (assessment, mental status, de-escalation techniques, consultation, referral, therapy) and the individual's response to the intervention(s) 3. BH history 4. Treatment needs (immediate, short-term, long-term) linked with an existing crisis plan (WRAP, advance directive), if available 5. Other problems identified (mental health, substance abuse, medical, etc.) 6. Plan for next contact(s) including any follow-up or coordination							
			needed with			0 ,		
NOTES			EXAMPLE ACT	TIVITIES				
Available on a 24- provided by a mobi May be provided needed to address involved and their a H2011 is used in lie codes when the ses focused on a clien special intervention For Services provid modifier ET in fields	 Face-to-face/telephone contact to provide immediate, short-term crisis-specific therapy/counseling with client and, as necessary, with client's caretakers/ family members Referral to other applicable BH services, including pre-inpatient screening; activities include telephone contacts/ meeting with receiving provider staff Face-to-face/telephone consultation with physician/ hospital staff, regarding need for psychiatric consultation Face-to-face/telephone contact with another provider to help that provider deal with a specific client's crisis Consultation with one's own provider staff to address the crisis 							
APPLICABLE POPI			UNIT			DURATION		
区 Child (0-11) ☑ Adol (12-17)	☑ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	In 15 Mir In 1 Hour		Minimum: 8 Maximum: 4		nins
ALLOWED MODE	(5) OF DELIVERY		PROGRAM SE					(111)
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	☑ Individual □ Group (HQ) ☑ Family (HR/F	S)	SP (HE) Other SP (TG Residential (HF (2 nd modi	i) SC)	⊠ ICM ⊠ ACT □ Resp		□ Rec	c (HJ) bhouse (HB) covery (TS) v/EI (HT)
STAFF REQUIREM								
☐ Peer Specialist ☑ Bachelor's Level (☑ Intern	☑ Unlicensed Master's Level ☑ LAC/LCSW (AJ)/LSW/ LMF	(HO) PhD/PsyD ☑ License	nsed EdD/ 🗵 CAC II 🗵 KN (TD) 🗵 PA (PA) 🗵 APRN (SA) 🗵 MD/DO (AF)					PA)
PLACE OF SERVIC	E (POS)							
☑ CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	✓ Shelter (04)✓ SNF (31)✓ FQHC (50)✓ Independent	Clinic (49)	□ Inp	t Hosp (21) t PF (51) (23) PHP (52)	⊠ Sch ⊠ NRS	on/CF (09) ool (03) SATF (57) eer POS (99)

TREATMENT SERVICES – INTENSIVE TREATMENT SERVICES – BEHAVIORAL HEALTH DAY TREATMENT							ΛENT		
CPT®/HCPCS PROCEDURE CODE				PROCEDU	USAGE				
	H2012			Behavioral health day treatment, per hour ☑ Medicaid ☑ OBH					
SERVICE DESCRIPTION				MINIMUN	/ DOCUMENTATI	ON RE	QUIREMENTS		
Services rendered by appropriately licensed child and adolescent community-based psychiatric day treatment facilities to children and/or adolescents and their families. A range of professional expertise and individualized treatment services are provided and integrated with an accredited education program.				Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
NOTES				EXAMPLE	ACTIVITIES				
Services provide a minimum of 1 hour for a child/adolescent transitioning back to a traditional classroom setting; 4 hours (preschool – 5^{th} grade) to 5 hours (6^{th} – 12^{th} grade) of structured programming per day, 2 – 5 days per week, based on the documented acuity and clinical needs of the child/adolescent and his/her family.									
APPLICABLE POPULATIO				UNIT DURATION					
☑ Child (0-11)☑ Y☑ Adol (12-17)☑ (18-	oung Adult 20)	□ Adult (□ Geriat		☐ Encour	iter ☐ 15 Min 区 1 Hour		Minimum: ≥ Maximum: N		
ALLOWED MODE(S) OF D	ELIVERY			PROGRAM	I SERVICE CATEG	ORY(IE	S)		
☑ Face-to-Face☐ Video Conf (GT)☐ Telephone	☑ Individual ☑ Group (HC ☑ Family (HR,	•		SP (HE) ☐ Other S ☐ Resider ☑ HF (2 nd	SP (TG)		CM (SK) ACT (HK) Respite (SY)	☐ Voc (HJ) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/EI (HT)	
STAFF REQUIREMENTS									
☐ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ Unlicens Level (HO) ☑ LAC/LCS LMFT/ LPC		PhD/Ps	censed EdD yD (HP) nsed EdD/ yD (AH)	/ □ QMAP	⊠ RI	PN/LVN (TE) N (TD) PRN (SA)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)									
☑ CMHC (53)☐ Office (11)☐ Mobile Unit (15)☑ Outp Hospital(22)	☐ ACF (13) ☐ Cust Care ☑ Grp Hom ☐ Home (1	e (33) ne (14)	☐ Hospice ☑ ICF-MR (☐ NF (32) ☑ PRTF (56	(54)	☐ Shelter (04) ☐ SNF (31) ☐ FQHC (50)	□ In	pt Hosp (21) pt PF (51) R (23) F-PHP (52)	☐ Prison/CF (09) ☑ School (03) ☑Other POS (99)	

TREATMENT SERVICES – REHABILITATION SERVICES – OTHER									
CPT®/HCPCS PROCEDUR	E CODE		PROCEDU	IRE CODE DESCRII	PTION		USAGE		
	H2014		Skills train	ning and developn	nent, p	er 15 minutes	☑ Medicaid ☑ OBH		
SERVICE DESCRIPTION			MINIMUN	M DOCUMENTATI	ON RE	QUIREMENTS			
Therapeutic activities de	signed to reduce/resolve	identified	Technical	Documentation F	Require	ements			
•	cial functioning in areas e		See Page						
	ning a client in the comm		Service Co						
	ork/school). Activities ac			reason for the vis	•		Ŭ		
•	ent by promoting skill de		_	nda? How does th			•		
_	ces symptomatology and	promotes		cription of the ser			s designed to		
community integration a	na job readiness.			ease functioning i		•	dividual's response		
				v did the service in					
				Is/objectives?	прасс	ile iliuividuai 3	progress towards		
			_		s) inclu	ding any follow	-up or coordination		
				ded with 3 rd partic			о р		
NOTES				ACTIVITIES					
*This code is not to be us	sed for children under ag	e 6.	Develo	opment and main	tenance	e of necessary o	ommunity and		
	_			iving skills (i.e., gro					
			-	on, health and MI	_		-		
			maintenance of living environment)						
			Development of appropriate personal support networks to						
			diminish tendencies towards isolation and withdrawal						
			Development of basic language skills necessary to enable client						
			to function independently						
4 D D L C 4 D L E D C D L L 4 T L C	1/0)		Training in appropriate use of community services						
APPLICABLE POPULATIO		(24.64)	UNIT	to Was Name		DURATION			
	oung Adult 🗵 Adult		☐ Encour			Minimum: 8 n	-		
	<u>'</u>	110 (05+)	Day 1 Hour Maximum: 8 hours PROGRAM SERVICE CATEGORY(IES)						
ALLOWED MODE(3) OF L	PELIVERT		SP (HE)			•	☑ Voc (HJ)		
▼ Face-to-Face	☑ Individual		☐ Other S				☑ Voc (H3) ☑ Clubhouse (HB)		
☐ Video Conf (GT)	☑ Group (HQ)		⊠ Reside				Recovery (TS)		
▼ Telephone	☐ Family (HR/HS)			modifier-SUD)			□ Prev/EI (HT)		
STAFF REQUIREMENTS			,	·					
☑ Peer Specialist	☑ Unlicensed	V Haliaan	TdD/						
☑ Bachelor's Level (HN)	Master's Level (HO)	PhD/PsyD	nsed EdD/	□ QMAP	⊠ LP	N/LVN (TE)	🛚 RxN (SA)		
■ Less Than Bachelor's	☑ LAC/LCSW	≥ License		LI QIVIAP	⊠RN	۱ (TD)	PA (PA)		
Level (HM)	(AJ)/LSW/ LMFT/	PhD/PsyD	•		× AF	PRN (SA)	MD/DO (AF)		
☑ Intern	LPC	FIID/F3yD	(AII)						
PLACE OF SERVICE (POS)									
☑ CMHC (53)	☑ ACF (13)	☐ Hospice	(34)	☑ Shelter (04)		t Hosp (21)	☐ Prison/CF (09)		
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR ((54)	SNF (31)		t PF (51)	School (03)		
☐ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32)	- 1	⊠ FQHC	□ ER		☑ Other POS (99)		
☑ Outp Hospital(22)	☑ Home (12)	☐ PRTF (56	o)		⊔ PF-	PHP (52)	()		

PEER SUPPORT/RECOVERY SERVICES							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
H2015	Comprehensive community support services, per 🗵 Medicaid						
	15 minutes	⊠ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Treatment services rendered to community-based children	Technical Documentation Requirements						
and adolescents and collaterals by trained BH staff in	See Page 253						
accordance with an approved treatment/service plan for the	Service Content						
purpose of ensuring the young person's stability and	1. The reason for the visit/call. What was the inte	_					
continued community placement. Monitoring and providing	agenda? How does the service relate to the tre	atment plan?					
medically necessary interventions to assist him/her to manage the symptoms of his/her MI and deal with his/her	 Description of the service The therapeutic intervention(s) utilized and the 	individual's					
overall life situation, including accessing needed medical,	response to the intervention(s)	illulviduai 3					
social, educational and other services necessary to meet	4. How did the service impact the individual's pro	gress towards					
basic human needs.	goals/objectives?	B. 655 to War as					
	5. Plan for next contact(s) including any follow-up	or coordination					
	needed with 3 rd parties						
NOTES	EXAMPLE ACTIVITIES						
	 Assist with identifying existing natural supports 	for developing a					
	natural support team						
	Assist with identifying individual strengths, resources,						
	preferences and choices						
	Assist in development and coordination of recovery/resiliency						
	plan, crisis management plan.						
	Skill building to assist client in developing functional, interpersonal, family, coping and community living skills that are						
APPLICABLE POPULATION(S)	negatively impacted by client's MI UNIT DURATION						
✓ Child (0-11) ☐ Young Adult ☐ Adult(21-64)	☐ Encounter ☑ 15 Minutes Minimum: 8 min	nc.					
✓ Critic (0-11) ☐ Totalig Adult ☐ Adult(21-04) ✓ Adol (12-17) (18-20) ☐ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: 4 hr	-					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)	7 111113					
	⊠ SP (HF)	Voc (HJ)					
☑ Face-to-Face ☑ Individual	□ Other SP (TG) □ ICM (SK) □	Clubhouse (HB)					
☑ Video Conf (GT) ☑ Group (HQ)	□ Residential (SC) □ ACT (HK) □	Recovery (TS)					
☑ Telephone ☑ Family (HR/HS)	I I RESUITE IN I	Prev/EI (HT)					
STAFF REQUIREMENTS							
☑ Unlicensed ☑ Unlicensed	and EdD/						
☑ Peer Specialist Master's Level (HO) ☐ Description	' V DN / \/N /TE\ V	RxN (SA)					
■ Bachelor's Level (HN) ■ LAC/LCSW ■ Licensed	X RN (11)) X	PA (PA)					
☑ Intern (AJ)/LSW/ LMFT/ PhD/PsyD (' X ΔPRN (SΔ) I	MD/DO (AF)					
LPC	, , , ,						
PLACE OF SERVICE (POS)							
 ☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34)	' Y Chaltar (1)(1) ' ' ' ' 1	Prison/CF (09)					
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54)	INPt PF (51)	School (03)					
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)	☑ FOHC (50) 区 ER (23)	Other POS (99)					
☑ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☐ 1 Q.10 (50)	, ,					

PEER SUPPORT/RECOVERY SERVICES									
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE					USAGE	
	H2016		Comprel diem	nensive c	ommunit	ty suppo	rt services, p	_	☑ Medicaid ☑ OBH
SERVICE DESCRIPTION			MINIMU	IM DOCU	MENTA	TION REC	QUIREMENTS	;	
Treatment services rendered to community-based children and adolescents and collaterals by trained BH staff in accordance with an approved treatment/service plan for the purpose of ensuring the young person's stability and continued community placement. Monitoring and providing medically necessary interventions to assist him/her to manage the symptoms of his/her MI and deal with his/her overall life situation, including accessing needed medical, social, educational and other services necessary to meet basic human needs.				Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
NOTES				E ACTIVI					
CCSS up to 4 hours (16 units) is reported/billed as H2015; CCSS over 4 hours is reported/billed as H2016 (per diem).			 Assist with identifying existing natural supports for developing a natural support team Assist with identifying individual strengths, resources, preferences and choices Assist in development and coordination of recovery/resiliency plan, crisis management plan, and/or advance directives (i.e., WRAP) Skill building to assist client in developing functional, interpersonal, family, coping and community living skills that are negatively impacted by client's MI 					ry/resiliency ectives (i.e.,	
APPLICABLE POPULATION	N(S)		UNIT				DURATION		
⊠ Adol (12-17) (18-2	•	-	☐ Encou ☑ Day		□ 15 Mi□ 1 Hot	ır	Minimum: Maximum:		mins
ALLOWED MODE(S) OF D	ELIVERY			M SERVI	CE CATE	GORY(IE	S)		
☑ Face-to-Face☑ Video Conf (GT)☑ Telephone	☑ Individual ☑ Group (HQ) ☑ Family HR/HS)				,	☐ ICM ☐ ACT ☐ Res		□ Re	c (HJ) ubhouse (HB) covery (TS) ev/EI (HT)
STAFF REQUIREMENTS									
☑ Peer Specialist☑ Bachelor's Level (HN)☑ Intern	☑ Unlicensed Master's Level (HO) ☑ LAC/ LCSW (AJ)/LSW/ LMFT/ LPC	☑ Unlicen PhD/PsyD ☑ License PhD/PsyD	(HP) d EdD/		QMAP	⊠ RN	I/LVN (TE) (TD) RN (SA)	ĭ PA	N (SA) (PA) D/DO (AF)
PLACE OF SERVICE (POS)									
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑ Outp Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice ☑ ICF-MR ☑ NF (32) ☑ PRTF (5	(54)	 ✓ SNF (31) ✓ SRF (23) ✓ Sch 		son/CF (09) nool (03) her POS (99)			

TREATMENT SERVICES – REHABILITATION SERVICES – PSYCHOSOCIAL REHABILITATION (PSR)							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
H2017	Psychosocial rehabilitation services, per 15	☑ Medicaid					
	minutes 🗵 OBH						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
An array of services, rendered in a variety of settings, designed to help clients capitalize on personal strengths, to develop coping strategies and skills to deal with deficits, and to develop a supportive environment in which to function as independently as possible. PSR differs from counseling and psychotherapy in that it focuses less on ameliorating symptoms and more on restoring functional capabilities. The focus is on developing: Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination						
living environment)	needed with 3 rd parties						
NOTES	EXAMPLE ACTIVITIES						
Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as stress management, leisure time, and symptoms of mental illness) Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn) For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.	 Identification and management of situations an reduce the frequency, duration, and severity of Gaining competence regarding how to respond crisis Gaining competence in understanding the role in the stabilization of the individual's well-bein Development of a crisis plan Identification of existing natural supports for ac personal needs (e.g., families, employers, and for Identification and development of organization including such areas as sustaining personal entitiocating and using community resources or other programs 	relapses to a psychiatric medication plays g ddressing riends) al support, tlements,					
APPLICABLE POPULATION(S)	UNIT DURATION						
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 mins ☐ Day ☐ 1 Hour ☐ Maximum: 4 hrs ☐ PROGRAM SERVICE CATEGORY(IES)						
ALLOWED MODE(S) OF DELIVERY		Voc (HJ)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SY)	Clubhouse (HB) Recovery (TS) Prev/El (HT)					
STAFF REQUIREMENTS							
☑ Bachelor's Level (HN) Master's Level (HO) PhD/Ps ☑ Less Than Bachelor's Level (HM) ☑ LAC/LCSW ☑ Licer (HM) (AJ)/LSW/LMFT/ ☑ Licer № Intern LPC PhD/Ps	SYD (HP) LI QMAP IN (TD)	RxN (SA) PA (PA) MD/DO (AF)					
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (3 ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☐ PRTF (56)	4)	Prison/CF (09) School (03) Other POS (99)					

TREATMENT SERVICES – REHABILITATION SERVICES – PSYCHOSOCIAL REHABILITATION (PSR)						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
H2018	Psychosocial rehabilitation services, per diem Medicaid OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
An array of services, rendered in a variety of settings, designed to help a client capitalize on personal strengths, to develop coping strategies and skills to deal with deficits, and to develop a supportive environment in which to function as independently as possible. PSR differs from counseling and psychotherapy in that it focuses less on ameliorating symptoms and more on restoring functional capabilities. The focus is on developing: Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment)	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
NOTES	EXAMPLE ACTIVITIES					
Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to maintain positive relationships) Independence (e.g., developing and enhancing personal abilities in handling everyday experiences such as stress management, leisure time, and symptoms of mental illness) Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn). PSR up to 4 hours (16 units) is reported/billed as H2017; PSR over 4 hours is reported/billed as H2018 (per diem).	 Identification and management of situations an reduce the frequency, duration, and severity of Gaining competence regarding how to respond crisis Gaining competence in understanding the role r in the stabilization of the individual's well-being Development of a crisis plan Identification of existing natural supports for ad personal needs (e.g., families, employers, and fr Identification and development of organizations including such areas as sustaining personal entit locating and using community resources or other programs 	relapses to a psychiatric medication plays g Idressing riends) al support, tlements,				
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: 4 hrs 8	3 mins				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SV)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/El (HT)				
STAFF REQUIREMENTS						
Bachelor's Level (HN) Less Than Bachelor's Level (HM) Level (HM)	syD (HP) ☐ QMAP ☑ RN (TD) ☑ P.	xN (SA) A (PA) 1D/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☑ Outp Hospital(22) ☑ Home (12) ☐ PRTF (56)	⊠ Shelter (04)	Prison/CF (09) School (03) Other POS (99)				

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – COMMUNITY-BASED WRAP-AROUND SERVICES							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCR	IPTION		USAGE	
	H2021		Community-based wrap-around services, per 15				
			minutes			⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUMENTAT				
Individualized, communit	•		Technical Documentation	Requireme	ents		
delivered as an alternativ			See Page 253				
Services may include info		•	Service Content				
resources provided to a comembers to promote, management			 The reason for the vi agenda? How does t 				
community living. Service			2. Description of the se				
manners/places based or			increase functioning		•	designed to	
Services are intended to			3. The therapeutic inte			he individual's	
placement of the child/a		a strengthen the	response to the inte		dinzed dila ti	ne marviadar s	
p,			4. How did the service	٠,	individual's pr	rogress towards	
			goals/objectives?	•		J	
			5. Plan for next contact	t(s) includin	g any follow-u	up or coordination	
			needed with 3 rd part	ies			
NOTES			EXAMPLE ACTIVITIES				
Community-based wrap-	around services	up to 8 hours.					
Discrete therapy services							
psychotherapy, psychiatr							
reported or billed separa	•						
APPLICABLE POPULATIO	. ,		UNIT		URATION		
	Young Adult	☐ Adult (21-64)	☐ Encounter ☑ 15 Mi		linimum: 8 mi	-	
	3-20)	☐ Geriatric (65+)	☐ Day ☐ 1 Hou		laximum: 4 hr	rs / mins	
ALLOWED MODE(S) OF D	DELIVERY		PROGRAM SERVICE CATE		()	1.//!!!\	
▼ Face-to-Face	☑ Individual		☑ SP (HE) □ Other SP (TG)	☐ ICM (SK		l Voc (HJ) l Clubhouse (HB)	
☐ Video Conf (GT)	☐ Group (HQ)		☐ Residential (SC)	☐ Respite	•	Recovery (TS)	
☐ Telephone	☑ Family (HR/H)	IS)	☑ Residential (3C) ☑ HF (2 nd modifier-SUD)	□ nespite		l Prev/EI (HT)	
STAFF REQUIREMENTS			□ III (2 IIIodilici 300)			11164/21(111)	
•	☑ Unlicensed		l EdD/ □ QMAP				
☑ Peer Specialist	Master's Level (☑ LPN/L\	` '	RxN (SA)	
☑ Bachelor's Level (HN)	☑ LAC/LCSW (A	J)/ 🗵 Licensed E	dD/ ⊠ CAC II	⊠ RN (TD	•	PA (PA)	
☑ Intern	LSW/ LMFT/ LP	C PhD/PsyD (Al	H) 🗵 CAC III	🗵 APRN ((SA)	MD/DO (AF)	
PLACE OF SERVICE (POS)							
	ACF (13)	☐ Hospice (34)	Shelter (04)	☐ Inpt H		l Prison/CF (09)	
	Cust Care (33)	☐ ICF-MR (54)	☐ SNF (31)	☐ Inpt PI		School (03)	
	Grp Home (14)	☐ NF (32)	☑ FQHC (50)	☐ ER (23	-	NRSATF (57)	
☐ Outp Hospital(22) 🗵	Home (12)	☐ PRTF (56)	☑ Independent Clinic (49)	☐ PF-PHI	P (52)	Other POS (99)	

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – COMMUNITY-BASED WRAP-AROUND SERVICES						
CPT®/HCPCS PROCEDURE CODE		PROCEDURE C	USAGE			
H2022		Community-based wrap-around services, per diem ☑ Medicaid ☑ OBH				
SERVICE DESCRIPTION		MINIMUM DO	OCUMENTATIO	N REQUIREMEN	TS	
Individualized, community-based non-clinical indelivered as an alternative/adjunct to traditional Services may include informal, natural supports resources provided to a child/adolescent and fall members to promote, maintain/restore success community living. Services are delivered in non-manners/places based on a collaborative planni Services are intended to help stabilize and strent placement of the child/adolescent.	 Technical Documentation Requirements See Page 253 Service Content The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? Description of the service and how activity is designed to increase functioning in the community The therapeutic intervention(s) utilized and the individual's response to the intervention(s) How did the service impact the individual's progress towards goals/objectives? Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES		EXAMPLE ACT	IVITIES			
Community-based wrap-around services up to 4 units) is reported/billed as H2021; over 4 hours reported/billed as H2022 (per diem). Discrete se family, group and individual psychotherapy, psy services, case management, etc.) are document reported or billed separately from H2022.	is ervices (e.g., rchiatric					
APPLICABLE POPULATION(S)		UNIT DURATION				
	ult (21-64) riatric (65+)	☐ Encounter ☑ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: 4 h Maximum: N/		
ALLOWED MODE(S) OF DELIVERY		PROGRAM SE	RVICE CATEGO	RY(IES)		
☑ Face-to-Face☑ Video Conf (GT)☐ Group (HQ)☐ Telephone☑ Family (HR/HS)		SP (HE) Other SP (TG) Residential (S) HF (2 nd modi	SC)	ICM (SK) ACT (HK) Respite (SY)	☐ Voc (HJ) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/EI (HT)	
STAFF REQUIREMENTS						
☑ Peer Specialist ☑ Unlicensed ☑ Bachelor's Level (HN) Master's Level (HO) ☑ Intern ☑ LAC/LCSW (AJ)/LSW/ LMFT/ LPC	☑ Unlicens PhD/PsyD (☑ Licensed C PhD/PsyD (HP) 🗵	I CAC II	RN (TD)	⊠ RxN (SA) ⊠ PA (PA) ⊠ MD/DO (AF)	
PLACE OF SERVICE (POS)						
oxtimes Office (11) $oxtimes$ Cust Care (33) $oxtimes$ IC $oxtimes$ Mobile Unit (15) $oxtimes$ Grp Home (14) $oxtimes$ NI	CF-MR (54) [F (32) [☑ Shelter (04) □ SNF (31) ☑ FQHC (50) ☑ Independent C	□ Ir □ E	npt PF (51) [R (23) [□ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)	

VOCATIONAL SERVICES								
CPT®/HCPCS PROCEDUF	RE CODE		PROCED	USAGE				
	H2023		Supporte	ed employment, p	er 15 n	ninutes	☑ Medicaid☑ OBH	
SERVICE DESCRIPTION			MINIMU	IM DOCUMENTA	TION RI	EQUIREMENTS		
Employment services, provided by an employment specialist, to assist clients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive of support may change over time, based on the needs of the client.				Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties				
NOTES			EXAMPL	E ACTIVITIES				
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service.				sonal career goals viding client with ects disability inco paration skills (i.e isting client to creer development ferences and desi isting client in locals istent with client ired outcomes	information information in the and and and and and and attended and atting eract's streament and	ne development, in d revise individuali ncluding client stre	w employment interview skills) ized job and engths, abilities, unities that are ferences and	
APPLICABLE POPULATION	DN(S)		UNIT		DURATION			
⊠ Adol (12-17) (18-	20) 🗵 Ger	ult (21-64) riatric (65+)	☐ Encou	☐ 1 Hou	r	Minimum: 8 min Maximum: 4 hrs		
ALLOWED MODE(S) OF	DELIVERY			M SERVICE CATE	GORY(I	•		
☐ Video Conf (GT)	☑ Individual ☑ Group (HQ) ☑ Family (HR/HS)				□ A	T (HK) CT (HK)	☑ Voc (HJ) □ Clubhouse (HB) □ Recovery (TS) □ Prev/El (HT)	
STAFF REQUIREMENTS								
☑ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ Unlicensed Master's Level (HO) ☑ LAC/LCSW (AJ)/LSW/ LMFT/ LPC	☑ Unlicen PhD/PsyD ☑ License ☑ PhD/PsyD	(HP) ed EdD/	□ QMAP		RN (TD)	l Rxn (SA) l PA (PA) l MD/DO (AF)	
PLACE OF SERVICE (POS		_						
区 CMHC (53) 区 Office (11) □ Mobile Unit (15) 区 Outp Hospital(22)	☑ACF (13) ☐ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☐ Hospice (34☐ ICF-MR (54☐ NF (32)☐ PRTF (56)	1)	☑ Shelter (04) □ SNF (31) ☑ FQHC (50)	☐ Inp	t PF (51) (23)	□ Prison/CF (09) ☑ School (03) ☑ Other POS (99)	

VOCATIONAL SERVICES						
CPT®/HCPCS PROCEDU	JRE CODE		PROCEDURE CODE DESCRIPTION			USAGE
	H2024		Supported employment, per diem			
SERVICE DESCRIPTION			MINIMUM DOCU	IMENTATION RE	QUIREMENTS	
Employment services, provided by an employment specialist, to assist clients, requiring intensive supportive employment services, in gaining and maintaining competitive employment. Services include assessment, job placement, job coaching, and follow-along supports which are often provided in the community. The scope and intensive of support may change over time, based on the needs of the client.			Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided 3. How did the service impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties			
NOTES			EXAMPLE ACTIVI			
Activities are typically performed by a job developer, job coach and/or job specialist to achieve successful employment outcomes. Supported employment is a discrete service. Supported employment up to 4 hours (16 units) is reported/billed as H2023; over 4 hours is reported/billed as H2024 (per diem).			personal car. Providing cliu affects disab Preparation Assisting clie developmen preferences Assisting clie consistent w desired outce	eer goals ent with informa ility income and skills (i.e., resum int to create and t plans, including and desired outc int in locating em ith client's stren omes upported employ	e development, ir revise individualiz client strengths,	w employment sterview skills) sed job and career abilities, unities that are ferences and utreach/ job
APPLICABLE POPULAT	ION(S)		UNIT		DURATION	
		Adult (21-64)	☐ Encounter	☐ 15 Minutes	Minimum: 4 hrs	8 mins
⊠ Adol (12-17) (18	8-20)	Geriatric (65+)	☑ Day	☐ 1 Hour	Maximum: N/A	
ALLOWED MODE(S) O	F DELIVERY		PROGRAM SERVI	CE CATEGORY(IE	S)	
☑ Face-to-Face☐ Video Conf (GT)☑ Telephone	☑ Individual ☐ Group (HQ) ☐ Family (HR/HS)		☐ SP (HE) ☐ Other SP (TG) ☐ Residential (SC ☑ HF (2 nd modifie	· IIKES	(SK) [(HK) [nite (SY)	☑ Voc (HJ) □ Clubhouse (HB) □ Recovery (TS) □ Prev/El (HT)
STAFF REQUIREMENTS		F2	1515/			
☑ Peer Specialist ☑ Bachelor's Level (HN ☑ Intern	(AJ)/LSW/ LMFT/	∑ Licensed	HP) □ QM d EdD/	AP ☐ LPN ☐ RN (☐ APR	TD)	l Rxn (SA) l PA (PA) l MD/DO (AF)
PLACE OF SERVICE (PO		□ H (2.4)			11 (24)	
区 CMHC (53) ☐ Office (11) ☐ Mobile Unit (15) ☐ Outp Hospital(22)	☑ACF (13)☐ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☐ Hospice (34) ☐ ICF-MR (54) ☐ NF (32) ☐ PRTF (56)	区 Shelter (☐ SNF (31)区 FQHC (50	□ Inpt □ ER (23) ×	Prison/CF (09) School (03) Other POS (99)

VOCATIONAL SERVICES					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2025	Ongoing support to maintain employment, per 15 ⊠ Medicaid minutes ⊠ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Ongoing or episodic support to maintain employment are utilized prior to or following successful employment placement, including pre-vocational skills training in non-competitive employment placements, development of natural on-the-job supports for a client. This service is intended to provide those supports necessary to ensure placement, continued employment, advancement in employment as evidenced by salary increases, increased length of employment, and job promotion.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal? How does the service relate to the treatment plan? 2. Description of the service provide 3. Intervention utilized and client response 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact including any follow-up or coordination needed with 3rd parties				
NOTES	EXAMPLE ACTIVITIES				
This service is a more general approach than the overall structure and approach to supported employment (H2023 – H2024) and may involve short-term non-competitive employment with job skills assessment and job skills training.	 Talking with client about changes in health, wore environment/personal environment to identify changes and avoid crises Helping client identify and implement strategies job performance/relations at work including planon-competitive employment position Visiting client at job site to identify and address to job retention Working with client and his/her job supervisor/establish effective supervision and feedback str make reasonable accommodations to enhance Contacting client's family/significant other to metwork and/or resolve issues 	s that improve acement in a sissues pertinent femployer to rategies, ways to job performance			
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11)	☐ Encounter ☑ 15 Minutes ☐ Minimum: 8 mins ☐ Day ☐ 1 Hour ☐ Maximum: 4 hrs 7	7 mins			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ Respite (SV)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/EI (HT)			
STAFF REQUIREMENTS					
Less Than Bachelor's Level (HM) ☑ Bachelor's Level (HN) ☑ Intern Master's Level (HO) ☑ LAC/LCSW ☑ Licens (AJ)/LSW/LMFT/LPC PhD/Psyl	D (HP) ☐ QMAP ☐ RN (TD) ☐ P Sed EdD/ ☐ APPN (SA) ☐ A	ixn (SA) rA (PA) лD/DO (AF)			
PLACE OF SERVICE (POS)	<u>_</u>				
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☑ Grp Home (14) ☐ NF (32) ☐ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	\square SNF (31) \square Inpt PF (51) \square SNF (31)	Prison/CF (09) School (03) Other POS (99)			

VOCATIONAL SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H2026	Ongoing support to maintain employment, per					
HZUZU	diem ⊠ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Ongoing or episodic support to maintain employment are	Technical Documentation Requirements					
utilized prior to or following successful employment	See Page 253					
placement, including pre-vocational skills training in non-	Service Content					
competitive employment placements, development of	1. The reason for the visit/call. What was the inte	ended goal? How				
natural on-the-job supports for a client. This service is	does the service relate to the treatment plan?					
intended to provide those supports necessary to ensure	Description of the service provide					
placement, continued employment, advancement in	3. Intervention utilized and client response					
employment as evidenced by salary increases, increased	4. How did the service impact the individual's pro	gress towards				
length of employment, and job promotion.	goals/objectives?					
	5. Plan for next contact including any follow-up or	r coordination				
	needed with 3 rd parties					
NOTES	EXAMPLE ACTIVITIES					
This service is a more general approach than the overall	 Talking with client about changes in health, wo 					
structure and approach to supported employment (H2023 –	environment/personal environment to identify	needed support				
H2024) and may involve short-term non-competitive	changes and avoid crises					
employment with job skills assessment and job skills	 Helping client identify and implement strategie 	s that improve				
training. Ongoing support to maintain employment up to 4	job performance/relations at work including pl	acement in a				
hours (16 units) is reported/billed as H2025; over 4 hours is	non-competitive employment position					
reported/billed as H2026 (per diem).	Visiting client at job site to identify and address issues pertinent					
	to job retention					
	Working with client and his/her job supervisor/employer to					
	establish effective supervision and feedback strategies, ways to					
	make reasonable accommodations to enhance	job performance				
	 Contacting client's family/significant other to n 	nonitor support				
	network and/or resolve issues					
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: 4 hrs	8 mins				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual		Voc (HJ)				
☐ Video Conf (GT) ☑ Group (HQ)	L Other SP (TG)	Clubhouse (HB)				
☑ Telephone ☐ Family (HR/HS)	Residential (SC)	Recovery (TS)				
STAFF REQUIREMENTS	☑ HF (2 nd modifier-SUD) ☐ Respite (31) ☐] Prev/El (HT)				
N Door Specialist						
✓ Unlicensed ✓ Unlicensed ✓ Unlicensed	sed EdD/	□ RxN (SA)				
Level (HM) Master's Level (HO) PhD/PsyD ((HP) ☐ QMAP ☐ RN (TD) · · · ☐	□ PA (PA)				
Rachelor's Level (HN)	Π ΔPRN (SΔ) Γ	□ MD/DO (AF)				
✓ Intern (AJ)/LSW/ LMFT/ LPC PhD/PsyD (AH)	I WID/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☐ Hospice	(34) Shaltan (04)					
☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR	(54) Shelter (04)	Prison/CF (09)				
\square Mobile Unit (15) \square Grp Home (14) \square NF (32)	☐ SNF (31) ☐ FR (23)	School (03)				
\square Outp Hospital(22) \square Home (12) \square PRTF (56	X F()H((5())	Other POS (99)				

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – PSYCHOEDUCATIONAL SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
H2027	Psychoeducational service, per 15 minutes Medicaid OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Activities rendered by a trained MHP, excluding physician, to provide information and education to clients, families, and significant others regarding mental illness, including co-occurring disorders, and treatment specific to the clients.	 Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service; education provided 3. How did the client/family education impact the individual's progress towards goals/objectives? 4. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties 					
NOTES	EXAMPLE ACTIVITIES					
This service acknowledges the importance of involving family and/or significant others who may be essential in assisting a client to maintain treatment and to recover. This code requires the individual to have an active treatment plan. It is not the same as outreach and engagement. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.	 Information, education and training to assist clie and significant others in managing psychiatric consymptoms, crisis "triggers," decompensation, mactions and interactions) Increasing knowledge of MI and client-specific contacts are search on causes and treatments, brain functioning) Understanding importance of clients' individual treatment/service plans Information, education and training to assist clie and significant others in accessing community refirst responders with crisis intervention training advocacy groups) Information, education and training to assist clie and significant others with medication manage management, behavior management, stress manad/or crisis management 	onditions (e.g., nedication diagnoses (e.g., chemistry and ized ents, families esources (e.g., [CIT], client ents, families ment, symptom				
APPLICABLE POPULATION(S)	UNIT DURATION					
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 Minimum: 8 Minimum: N/A	utes				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face ☑ Individual ☐ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SV)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/El (HT)				
STAFF REQUIREMENTS						
☐ Bachelor's Level (HN) ☐ Bachelor's Level (HN) ☐ LAC/LCSW ☐ LAC/LCSW ☐ License ☐ (AJ)/LSW/ LMFT/ LPC ☐ PhD/PsyD	D (HP) ☐ QMAP ☐ RN (TD) ☐ ☐ ed EdD/ ☐ ☑ APRN (SA) ☐ ☐	RxN (SA) PA (PA) MD/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (5 ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☐ Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	54)	Prison/CF (09) School (03) Other POS (99)				

TREATMENT SERVICES – REHABILITATION SERVICES – CLUBHOUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2030	Mental health clubhouse services, per 15 minutes				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Structured, community-based services designed to strengthen and/or regain the client's interpersonal skills, provide psychosocial support toward rehabilitation, develop environmental supports to help the client thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as teams to address client's life goals and to perform the tasks necessary for clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The clubhouse must be open to a CMHC or independent Provider Network (IPN). Clinical consultation by a master's level person should be available during hours of operation.	Technical Documentation Requirements See Page 253 Service Content 1. Must be on the treatment plan as an intervention related to one or more goals and objectives. Sign in/out of each group or work unit or facilitator records. 2. A daily note including name of group, focus of group, time in/out; a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary events; any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of progress towards the goals that are a focus of clubhouse. This note must be signed or written by program staff with at least a bachelor's degree.				
 Should have a written schedule of its activities and expected outcomes that allow the Individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and a description of the opportunities to learn social, vocational, and other skills and gain expertise. The skill building and psycho-education groups should be curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment plan or access through an EHR. Vocational and educational services Leisure activities, Peer support Skills training Self-help Recovery groups Outreach 					
The Clubhouse may develop a program- specific plan APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young ☑ Adult (21-64) ☑ Adol (12-17) Adult (18-20) ☑ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☐ 15 Minutes ☐ Day ☐ 1 Hour ☐ Maximum: 4 hrs 7 mins PROGRAM SERVICE CATEGORY(IES)				
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☐ Telephone ☐ Family (HR/HS) 	SP (HE)* ☐ Other SP (TG) ☐ Residential (SC) ☐ HF (2 nd modifier-SUD) *For adol/ young adult only SP (HE)* ☐ ICM (SK) ☐ Voc (HJ) ☐ ACT (HK) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/EI (HT)				
STAFF REQUIREMENTS					
☑ Bachelor's Level (HN) Master's Level (HO) PhD/Psy ☑ Less Than Bachelor's ☑ LAC/ LCSW ☑ Licens Level (HM) (AJ)/LSW/ LMFT/ LPC PhD/Psy	sed EdD/ ☑ Intern ☑ APRN (SA) ☐ MD/DO (AF)				
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (3 ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outh Hospital(22) ☐ Home (12) ☐ PRTE (56)	1 1 500070 F 1091				

Uniform Service Coding Standards Manual 2015

TREATMENT SERVICES – REHABILITATION SERVICES – CLUBHOUSE					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE				
H2031	Mental health clubhouse services, per diem ☑ Medicaid ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Structured, community-based services designed to strengthen and/or regain the client's interpersonal skills, provide psychosocial support toward rehabilitation, developention environmental supports to help the client thrive in the community and meet employment and other life goals, and promote recovery from mental illness. Services are provided with staff and members working as teams to address client's life goals and to perform the tasks necessary for clubhouse operations (i.e., clerical work, data input, meal preparation, and providing resource information or reaching out to fellow members). The clubhouse must be open to a CMHC or independent Provider Network (IPN). Clinical consultation by a master's level person should be available during hours of operation.	Technical Documentation Requirements See Page 253 Service Content 1. Must be on the treatment plan as an intervention related to on or more goals and objectives. Sign in/out of each group or wor unit or facilitator records. 2. A daily note including name of group, focus of group, time in/or a description of the type and level of participation in the day's activities (can be a checklist); description of extraordinary even any individual interventions; individual's self-evaluation of day. 3. Bi-weekly or monthly progress note: includes a description of				
NOTES	EXAMPLE ACTIVITIES				
 Should have a written schedule of its activities and expected outcomes that allow the Individual to make informed choices about their participation. For Clubhouses based on a work-ordered day there should be a description of the work unit's activities and a description of the opportunities to learn social, vocational, and other skills and gain expertise. The skill building and psycho-education groups should be curriculum-based. The individual can receive services outside of clubhouse, e.g. individual therapy, medication management, which should be separately documented and encountered. Should have recent assessment and current treatment plan or access through an EHR The Clubhouse may develop a program- specific plan 					
APPLICABLE POPULATION(S)	UNIT DURATION				
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: 4 hrs 8 mins				
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY □ Face-to-Face □ Individual □ Video Conf (GT) □ Group (HQ) □ Telephone □ Family (HR/HS)	PROGRAM SERVICE CATEGORY(IES) □ SP (HE)* □ Other SP (TG) □ Residential (SC) □ ACT (HK) □ HF (2 nd modifier-SUD) □ Respite (SY) *For adol/ young adult only □ Voc (HJ) □ Clubhouse (HB) □ Recovery (TS) □ Prev/EI (HT)				
STAFF REQUIREMENTS	FAD /				
☑ Bachelor's Level (HN) Master's Level (HO) PhD/Ps ☑ Less Than Bachelor's ☑ LAC/LCSW ☑ Licer Level (HM) (AJ)/LSW/ LMFT/ LPC PhD/Ps	censed EdD/ yD (HP) □ QMAP ☑ RPN/LVN (TE) □ RxN (SA) sed EdD/ ☑ Intern ☑ APRN (SA) □ MD/DO (AF) yD (AH)				
PLACE OF SERVICE (POS)	(24)				
☑ CMHC (53) ☐ ACF (13) ☐ Hospic ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MF ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☐ Outp Hospital(22) ☐ Home (12) ☐ PRTF (5)	R (54) ☐ Shelter (04) ☐ Inpt PF (51) ☐ School (03) ☐ ER (23) ☐ Other POS (99)				

TREATMENT SERVICES – REHABILITATION SERVICES – OTHER					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE			
H2032	Activity therapy, per 15 minutes ☑ Medic ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS				
Activity therapy includes the use of music, dance, creative art or any type of play, not for recreation, but related to the care and treatment of the patient's disabling mental health problems. These are therapeutic activities activities in a structured setting designed to improve social functioning, promote community integration and reduce symptoms in areas important to maintaining/re-establishing residency in the community. Activities may be delivered on an individual/group basis and are designed to promote skill development and meet specific goals and measurable objectives in the treatment/service plan.	Technical Documentation Requirements See Page 253 Service Content 1. Reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of activity 3. How did the service impact the individual's progress towards goals/objectives. 4. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties				
NOTES	EXAMPLE ACTIVITIES				
"Structured setting" does not preclude community POS.	 Playing basketball with group of adolescents to facilitate prosocial behavior and passing/taking turns. Hiking in community to help a client with depressive symptoms reinforce the connection between healthy mind and body with exercise. 				
APPLICABLE POPULATION(S)	UNIT DURATION				
 ☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) ☑ (18-20) ☑ Geriatric (65+) 	☐ Encounter ☐ 15 Minutes ☐ Minimum: 8 min☐ Day ☐ 1 Hour ☐ Maximum: N/A	S			
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)				
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☐ Telephone☑ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SV)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/El (HT)			
STAFF REQUIREMENTS					
Level (HO) PhD/Psy Level (HM)	D (HP)	RxN (SA) PA (PA) MD/DO (AF)			
PLACE OF SERVICE (POS)					
☑ CMHC (53) ☑ ACF (13) ☐ Hospice (34) ☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54) ☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32) ☐ Outp Hospital(22) ☑ Home (12) ☐ PRTF (56)	✓ SNF (31) ☐ Inpt PF (51) ☑	Prison/CF (09) School (03) Other POS (99)			

TREATMENT SERVICES — OTHER PROFESSIONAL SERVICES – MULTI-SYSTEMIC THERAPY (MST)							
CPT®/HCPCS PROCEDU	RE CODE		PROCEDURE CODE DESCRIPTION			USAGE	
H2033			Multi-systemic therapy for juveniles, per 15 ✓ Medicaid minutes ✓ OBH				
						⊠ OBH	
SERVICE DESCRIPTION			MINIMUM DOCUME	NTATION RE	QUIREMENTS		
	ribute to his/her ant haracteristics, famil	See Page 253 Service Content					
NOTES			EXAMPLE ACTIVITIES				
Usual duration of MST treatment is approximately 4 months. MST is provided using a home-based model of service delivery. Providers of MST must meet the specific training and supervision requirements.			 Strategic family therapy Structural family therapy Behavioral parent training Cognitive behavior therapies 				
APPLICABLE POPULATION			UNIT		DURATION		
☐ Child (0-11) ☐ \	Young Adult □] Adult (21-64)] Geriatric (65+)		15 Minutes 1 Hour	Minimum: 8 r Maximum: 8		
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERVICE	CATEGORY(IE	S)		
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☐ Group (HQ) ☑ Family (HR/HS)		SP (HE) Other SP (TG) Residential (SC) HF (2 nd modifier-S	⊠ ICM □ ACT □ Resp UD)		☐ Voc (HJ) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/El (HT)	
STAFF REQUIREMENTS							
☐ Peer Specialist ☑ Bachelor's Level(HN) ☑ Intern	(AJ)/LSW/ LMFT/	∠ Licensed I	HP) □ CAC I EdD/ □ CAC II	□ RN	I/LVN (TE) (TD) RN (SA)	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO (AF)	
PLACE OF SERVICE (POS	5)						
☑ Office (11) ☑ Mobile Unit (15)	☐ ACF (13) ☐ Cust Care (33) ☐ Grp Home (14) ☑ Home (12)	☐ ICF-MR (54) ☐ NF (32)	☑ Shelter (04)☐ SNF (31)☐ FQHC (50)☑ Independent Clinic (☐ Inpt F ☐ ER (2:	PF (51) 3)	☐ Prison/CF (09) ☑ School (03) ☑ NRSATF (57) ☑ Other POS (99)	

Room and Board						
CPT ®/HCPCS PROCED	URE CODE		PROCEDURE C		USAGE	
H2034			Halfway house ☐ Medicaid ☑ OBH			
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQUI	REMENTS	
In-home behavioral health support for clients living in a halfway house to foster the client's development of independence and eventually move to independent living. The client has the opportunity to live in a less restrictive living situation while continuing to receive BH treatment, training, support, and a limited amount of supervision.			Date of service Start and stop time (duration) Client demographic information Shift notes Consent for emergency medical treatment Client program orientation form Sign with 1st initial, last name & credentials			
NOTES			EXAMPLE ACT	IVITIES		
Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from H2034.						
APPLICABLE POPULAT						
☐ Child (0-11)	☑ Adol (12-17)		g Adult (18-20)	✓ Adult (21-64)		ic (65+)
PLACE OF SERVICE (PO						
☐ School (03) ☐ Shelter (04) ☐ Prison/CF (09) ☐ Office (11) ☐ Home (12) ☐ ALF (13) ☑ Group Home (14) MODIFIER ☑ AF ☑ HN ☑ AH ☑ HN		□ NF (32 □ Cust C □ Hospin □ Indep □ FQHC □ Inpt P □ PF-PH UNIT □ Encou	Care (33) ce (34) ndt Clinic (49) (50) F (51) P (52)	☐ CMHC (53) ☐ ICF-MR (54) ☑ RSATF (55) ☐ PRTF (56) ☐ Non-Residential SA Treatment Cntr (57 ☐ CIRF (61) ☐ 1 Hour ☐ 3 Hours	☐ Rural F☐ Other I☐ DURATIO Minimum	Health Clinic (71) Health Clinic (72) POS (99)
□ HA ☑ HO	D ✓ TE	☐ 15 Mi				
□ HB ☑ HP □ HC □ HO □ HD □ HR □ HG □ HS □ HH □ HT	☐ TG ☐ UK ☐ 22 ☐ 52	☑ Face-t	Conference hone	DELIVERY ☐ Group (HQ) ☐ Family ☑ On-Site ☐ Off-Site	☐ Teleme	
MINIMUM STAFF REQ						
 ✓ Peer Specialist ✓ Less than Bachelor's Level (HM) ✓ LPN/LVN (TE) ✓ Bachelor's Level (HN ✓ Psych. Tech ✓ RN (TD) ✓ RxN (SA) 	☑ Unlicensed EdD/PhD/ ☑ Unlicensed Master's I	'PsyD (HP) Level (HO)	☑ Licensed I ☑ CAC I	ention Specialist EdD/PhD/PsyD (AH)	Hard Hearin	t Facility er for Deaf and

		Tı	reatment			
CPT ®/HCPCS PROCEDU	JRE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE
H2035			Alcohol and/or drug treatment program, per hour ☐ Medicaid ☑ OBH			
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQUI	REMENTS	
The planned treatment of a client's problem(s) as identified by an assessment and listed in the treatment/service plan. The intended outcome is the management, reduction, or resolution of the identified problem(s).			 Date of service Start and stop time (duration) Client demographic information Client's response Progress toward treatment/service plan goals and objectives Client program orientation form Document all physician contacts (i.e., medication prescription/administration) Signed with 1st initial, last name & credentials 			
NOTES			EXAMPLE ACT	IVITIES		
ADDUCADUS DODUU ATU	ON(C)					
APPLICABLE POPULATION ✓ Child (0-11)	ON(S) ☑ Adol (12-17)	√ Vouna	g Adult (18-20)	☑ Adult (21-64)	✓ Geriatr	ic (65+)
PLACE OF SERVICE (POS	· · · · · · · · · · · · · · · · · · ·	E Tourig	Addit (18-20)	☑ Addit (21-04)	<u> </u>	IC (03+)
✓ School (03) ✓ Shelter (04) ✓ Prison/CF (09) ✓ Office (11) ✓ Home (12) ✓ ALF (13) ✓ Group Home (14) MODIFIER ✓ AF ✓ HM ✓ AH ✓ HN ☐ HA ✓ HO ☐ HB ✓ HP ☐ HC ☐ HQ ☐ HR	☐ Mobile Unit (15) ☐ Temp Lodge (16) ☐ Urgent Care (20) ☐ ER Hosp (23) ☐ Amb Surg Ctr (24) ☐ MTF (26) ☐ SNF (31) ☐ SA ☐ TD ☐ TE ☐ TF	☐ FQHC☐ Inpt P☐ PF-PH☐ UNIT☐ Encou☐ Day☐ 15 Min☐ ALLOWE☐ Face-t	Care (33) ce (34) ndt Clinic (49) (50) F (51) P (52) Inter D MODE(S) OF I	✓ CMHC (53) ☐ ICF-MR (54) ✓ RSATF (55) ✓ PRTF (56) ✓ Non-Residential SA Treatment Cntr (57) ☐ CIRF (61) ✓ 1 Hour ☐ 3 Hours DELIVERY ☐ Group (HQ) ✓ Family	□ Rural H ☑ Other F	Health Clinic (71) ealth Clinic (72) POS (99) N : N/A :: N/A
☐ HG ☐ HS	□ 22	☐ Video		☑ On-Site	□ Telecol	Herence
□нн □нт	□ 52	☑ Individ		☑ Off-Site		
MINIMUM STAFF REQU						
☐ Peer Specialist ☐ Less than Bachelor's Level (HM) ☐ LPN/LVN (TE) ☐ Bachelor's Level (HN ☐ Psych. Tech ☐ RN (TD) ☐ RxN (SA)	☑ Unlicensed EdD/PhD/ ☑ Unlicensed Master's L	PsyD (HP) evel (HO)	☑ Licensed □ CAC I	ention Specialist EdD/PhD/PsyD (AH)	✓ MD/DO (A ☐ QMAP ✓ Treatment ☐ Interprete Hard Hearing ☐ Dentist (or codes)	t Facility r for Deaf and g

Alcohol and/or drug treatment program, per diem
SERVICE DESCRIPTION Structured alcohol and/or drug treatment program to provide therapy and treatment toward rehabilitation. A planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and/or drug addiction disorders. With alcohol and stop time (duration) With alcohola and stop time (duration) With
Structured alcohol and/or drug treatment program to provide therapy and treatment toward rehabilitation. A planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and/or drug addiction disorders. O Type of session
provide therapy and treatment toward rehabilitation. A planned program of professionally directed evaluation, care and treatment for the restoration of functioning for persons with alcohol and/or drug addiction disorders. With alcohol and stop time (duration) With alcoholands treatment goals With alcoholands treatment goals With alcoholands treatment goals With alcoholands treatment goals With alcoholands wattainment With alcoholands wattainment With alcoholands wattainment With alcoholands (alcoholands) With a
APPLICABLE POPULATION(S) □ Child (0-11) ☑ Adol (12-17) ☑ Young Adult (18-20) ☑ Adult (21-64) ☑ Geriatric (65+) PLACE OF SERVICE (POS) □ School (03) □ Mobile Unit (15) □ NF (32) □ CMHC (53) □ CORF (62) □ Shelter (04) □ Temp Lodge (16) □ Cust Care (33) □ ICF-MR (54) □ Public Health Clinic (71) □ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) ☑ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) □ Other POS (99) □ Home (12) □ Amb Surg Ctr (24) □ FQHC (50) □ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61)
□ Child (0-11) ☑ Adol (12-17) ☑ Young Adult (18-20) ☑ Adult (21-64) ☑ Geriatric (65+) PLACE OF SERVICE (POS) □ School (03) □ Mobile Unit (15) □ NF (32) □ CMHC (53) □ CORF (62) □ School (04) □ Temp Lodge (16) □ Cust Care (33) □ ICF-MR (54) □ Public Health Clinic (71) □ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) ☑ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) □ Other POS (99) □ Home (12) □ Amb Surg Ctr (24) □ FQHC (50) □ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61)
□ Child (0-11) ☑ Adol (12-17) ☑ Young Adult (18-20) ☑ Adult (21-64) ☑ Geriatric (65+) PLACE OF SERVICE (POS) □ School (03) □ Mobile Unit (15) □ NF (32) □ CMHC (53) □ CORF (62) □ School (04) □ Temp Lodge (16) □ Cust Care (33) □ ICF-MR (54) □ Public Health Clinic (71) □ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) ☑ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) □ Other POS (99) □ Home (12) □ Amb Surg Ctr (24) □ FQHC (50) □ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61)
PLACE OF SERVICE (POS) □ School (03) □ Mobile Unit (15) □ NF (32) □ CMHC (53) □ CORF (62) □ Shelter (04) □ Temp Lodge (16) □ Cust Care (33) □ ICF-MR (54) □ Public Health Clinic (71) □ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) ☑ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) □ Other POS (99) □ Home (12) □ Amb Surg Ctr (24) □ FQHC (50) □ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61)
□ School (03) □ Mobile Unit (15) □ NF (32) □ CMHC (53) □ CORF (62) □ Shelter (04) □ Temp Lodge (16) □ Cust Care (33) □ ICF-MR (54) □ Public Health Clinic (71) □ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) ☑ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) □ Other POS (99) □ Home (12) □ Amb Surg Ctr (24) □ FQHC (50) □ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61)
□ Shelter (04) □ Temp Lodge (16) □ Cust Care (33) □ ICF-MR (54) □ Public Health Clinic (71) □ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) ☑ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) □ Other POS (99) □ Home (12) □ Amb Surg Ctr (24) □ FQHC (50) □ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61)
□ Prison/CF (09) □ Urgent Care (20) □ Hospice (34) ☑ RSATF (55) □ Rural Health Clinic (72) ☑ Office (11) □ ER Hosp (23) □ Indepndt Clinic (49) □ PRTF (56) □ Other POS (99) □ Home (12) □ Amb Surg Ctr (24) □ FQHC (50) □ Non-Residential SA □ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61)
✓ Office (11) ☐ ER Hosp (23) ☐ Indepndt Clinic (49) ☐ PRTF (56) ☐ Other POS (99) ☐ Home (12) ☐ Amb Surg Ctr (24) ☐ FQHC (50) ☐ Non-Residential SA ☐ ALF (13) ☐ MTF (26) ☐ Inpt PF (51) Treatment Cntr (57) ☐ Group Home (14) ☐ SNF (31) ☐ PF-PHP (52) ☐ CIRF (61)
☐ Home (12) ☐ Amb Surg Ctr (24) ☐ FQHC (50) ☐ Non-Residential SA ☐ ALF (13) ☐ MTF (26) ☐ Inpt PF (51) Treatment Cntr (57) ☐ Group Home (14) ☐ SNF (31) ☐ PF-PHP (52) ☐ CIRF (61)
□ ALF (13) □ MTF (26) □ Inpt PF (51) Treatment Cntr (57) □ Group Home (14) □ SNF (31) □ PF-PHP (52) □ CIRF (61)
☐ Group Home (14) ☐ SNF (31) ☐ PF-PHP (52) ☐ CIRF (61)
MODIFIER
□ AF □ HM □ SA □ Encounter □ 1 Hour Minimum: N/A
□ AH □ HN □ TD □ Day □ 3 Hours Maximum: N/A
□ HA □ HO □ TE □ 15 Minutes □ Waxiindiii. N/A
□ HB □ HP □ TF ALLOWED MODE(S) OF DELIVERY
□ HC □ HQ □ TG □ Face-to-Face □ Group (HQ) □ Telemedicine
□ HD □ HR □ UK □ Video Conference □ Family □ Teleconference
2 Individual 2 on site
MINIMUM STAFF REQUIREMENTS □ Peer Specialist □ APRN (SA) □ Cert Prevention Specialist □ MD/DO (AF)
☐ Peer Specialist ☐ APRN (SA) ☐ Cert Prevention Specialist ☐ MD/DO (AF) ☐ Less than Bachelor's ☑ LAC/LCSW (AJ)/LMFT/LPC ☐ Licensed EdD/PhD/PsyD (AH) ☐ QMAP
Level (HM) Unlicensed EdD/PhD/PsyD (HP) CAC I Treatment Facility
☐ LPN/LVN (TE) ☐ Unlicensed Master's Level (HO) ☐ CAC II ☐ Interpreter for Deaf and
☐ Bachelor's Level (HN) ☐ Licensed non-physician ☐ CAC III Hard Hearing
\square Psych. Tech practitioner (NPP) \square NP (SA) \square Dentist (only for SBIRT
□ RN (TD) □ PA codes)

☐ RxN (SA)

All staff must operate within an OBH-licensed treatment agency

	Treatment						
CPT ®/HCPCS PRO	CEDUR	E CODE			ODE DESCRIPTION		USAGE
		H2037			Il delay prevention activi		☐ Medicaid
					ld of client, per 15 minut		⊠ OBH
SERVICE DESCRIP			1 1.1	_	CUMENTATION REQUIR	REMENTS	
		endent child conducted by		Date of se			
	professional to provide developmental delay prevention activities. These may include: occupational and physical			Start and stop time (duration)			
		therapy, or psychotherap		Client/family demographic information			
psychiatric therap		therapy, or psychotherap	y una	 Family's p 	presenting concern(s)/pre	oblem(s)	
psychiatric therap	,,.			Family history – physical health status, medical; mental illness			
				and treati	ment with dates, location	ns and provide	er name(s), if
				available;	psychosocial (interperso	onal and peer	relationships,
					nd communication, voca		-
					sexual abuse/perpetration		-
					oblems, violence, family		_
				-	in areas of emotional, b		
				_	eds; growth and develop		
					trengths and needs (only		
				-	atus exam – presentatio		•
					·		·
					kaminer, affect and moo		
				_	functioning, thought pro		_
					, high risk factors (dange	er to self/othe	rs)
				DSM-5 dia	8		
				 Disposition 	on – need for BH services	, referral, etc.	
				 Signed wi 	th 1st initial, last name &	credentials	
NOTES				EXAMPLE ACT	IVITIES		
APPLICABLE POPU							
☑ Child (0-11)		☑ Adol (12-17)	☐ Young	g Adult (18-20)	☐ Adult (21-64)	☐ Geriatr	ic (65+)
PLACE OF SERVICE		7 Mahila Linit (15)	☑ NE /3:	2)	M CMUC (E3)	CORE /	ca)
☑ School (03) ☑ Shelter (04)		☑ Mobile Unit (15) ☑ Temp Lodge (16)	✓ NF (32✓ Cust (•	✓ CMHC (53)✓ ICF-MR (54)	☐ CORF (Health Clinic (71)
☑ Sileiter (04) ☑ Prison/CF (09)		Urgent Care (20)	☐ Hospi		☐ RSATF (55)		ealth Clinic (72)
☑ Office (11)				ndt Clinic (49)	☑ PRTF (56)	☑ Narar F	
☑ Home (12)		☐ Amb Surg Ctr (24)	☑ FQHC		✓ Non-Residential SA		(,
☑ ALF (13)		☑ MTF (26)	☑ Inpt P		Treatment Cntr (57))	
☑ Group Home (1	14) 🛭	☑ SNF (31)	☑ PF-PH	IP (52)	☐ CIRF (61)		
MODIFIER			UNIT			DURATIO	N
	⊒нм	☑ SA	☐ Encou	ınter	☐ 1 Hour	-	: 8 Minutes
	□HN	☑ TD	☐ Day		☐ 3 Hours	Maximum	ı: N/A
	□ HO	☑ TE	☑ 15 Mi				
	□ HP	□ TF □ TG		D MODE(S) OF I			altata a
	□ HQ □ HR	□ UK	☑ Face-1	co-Face Conference	☐ Group (HQ)	☐ Teleme	
	⊒ HS	□ 0K □ 22	☐ Video		☐ Family☑ On-Site	☐ Teleco	nerence
	5] HT	□ 52	☐ Telep		☑ Off-Site		
MINIMUM STAFF							
☐ Peer Specialist		✓ APRN (SA)		☐ Cert Pre	vention Specialist	☑ MD/DO (AF)
☐ Less than Bach		☑ LAC/LCSW (AJ)/LMF	T/LPC		l EdD/PhD/PsyD (AH)	☐ QMAP	*
Level (HM)		☐ Unlicensed EdD/PhD	/PsyD (HP			☑ Treatme	•
☑ LPN/LVN (TE)		☐ Unlicensed Master's					er for Deaf and
☐ Bachelor's Leve	el (HN)	☐ Licensed non-physici	an	☐ CAC III		Hard Hearin	-
☐ Psych. Tech		practitioner (NPP)		☑ NP (SA)			only for SBIRT
☑ RN (TD)		☑ RxN (SA)		☑ PA		codes)	

Uniform Service Coding Standards Manual 2015

TREATMENT SERVICES – PSYCHIATRIC/MEDICATION MANAGEMENT SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
M0064 (No Longer Used as of 7/1/2015 – Use Code 99212)	A brief office visit for the sole purpose of monitoring or changing drug prescriptions used in treatment of mental, psychoneurotic, and personality disorders. This code should be used for a lesser level of drug monitoring such as simple dosage adjustment.	☑ Medicaid ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
M0064 describes a prescriber service and cannot be billed	Technical Documentation Requirements					
by a non-physician or "incident to" a physician's service.	See Page 253					
No Longer Used as of 7/1/2015 — Use 99212 Instead	Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. Diagnosis 4. Pertinent signs and symptoms 5. Medication(s) prescribed and managed, including dosage(s) 6. Rationale for maintaining/changing drug regimen 7. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
	Suggested additional desumentation					
	Suggested additional documentation 1. Interval history, including pertinent changes since	a last ansountar				
	(e.g., medication side effects, drug interactions, o					
	Management of any interactions between general control of the					
	conditions and psychotropic medications					
	3. Ordering/reviewing pertinent laboratory studies					
	4. Client/family education					
NOTES	EXAMPLE ACTIVITIES					
No Longer Used as of 7/1/2015 — Use 99212 Instead	 Face-to-face interview with client reviewing response to psychotropic medications Review of laboratory results with client that are related to client's psychotropic medications Prescriber manages pharmacological therapy for a client whose psychotherapy is being managed by a non-physician MHP (e.g., psychologist, LCSW, LPC, etc.). 					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A					
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS) 	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SV)	l Voc (HJ) l Clubhouse (HB) l Recovery (TS) l Prev/El (HT)				
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☐ Intern ☐ Unlicensed ☐ Unlicensed ☐ Master's Level (HO) ☐ LAC/LCSW ☐ Licensed ☐ Unlicensed ☐ Unlicensed ☐ Unlicensed ☐ Master's Level (HO) ☐ LAC/LCSW ☐ Licensed ☐ Unlicensed ☐ Waster's Level (HO) ☐ LAC/LCSW ☐ Licensed ☐ Unlicensed ☐ Waster's Level (HO) ☐ LAC/LCSW ☐ Licensed ☐ PhD/PsyD	ed EdD/ CAC II RN (TD)	RxN (SA) PA (PA) MD/DO (AF)				
PLACE OF SERVICE (POS)						
☑ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)	\square SNF (31) \square Inpt PF (51) \square FQHC (50) \square ER (23)	1 Prison/CF (09) 1 School (03) 1 NRSATF (57) 1 Other POS (99)				

SOCIAL/AMBULATORY DETOXIFICATION SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
S3005	Performance measurement, evaluation of patient	☑ Medicaid				
	self-assessment, depression	⊠ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Safety screening, including Suicidal Ideation and other	Technical Documentation Requirements					
Behavioral Health Issues	See Page 253 Service Content:					
	Result(s) of client self-assessment(s) or screening	a including				
	suicidal ideation or homicidal ideation and othe					
	health issues	i benavioral				
	Clinical interventions based on client self-assessi	ment results				
	3. Routine monitoring of physical and mental statu	S				
NOTES	EXAMPLE ACTIVITIES					
Facility must be licensed by the Colorado Department of	Checking in with client to ask about safety level to ass	sess for danger				
Human Services, Office of Behavioral Health as an OBH	to self or others.					
Provider. Only one encounter per day should be billed, per						
CMS regulations.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	⊠Encounter ☐ 15 Minutes Minimum: N/A					
□ Adol (12-17) (18-20)	Day 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	Program Service Category	/a.a./111)				
☑ Face-to-Face	□ Other SD (TG) □ ICIVI (SK) □ C	/oc (HJ) Clubhouse (HB)				
☐ Video Conference (GT) ☐ Group (HQ)		Recovery (TS)				
☐ Telephone ☐ Family (HR/HS)	I I Resnite (SV)	Prev/EI (HT)				
STAFF REQUIREMENTS		, ,				
□ Peer Specialist	arread EdD/ DOMAD D	D.A. (CA)				
I I I I ess than Rachelor's		RxN (SA)				
Level (HM)	` '	PA (PA) l MD/DO(AF)				
I X Rachelor's Level (HNI)	ISED SECACTI	I IVID/DO(AF)				
⊠ Intern	on sys (All) Elene III					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (3		Prison/CF (09)				
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54		School (03)				
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)		NRSATF (57)				
☑ Outp Hospital(22) ☐ Home (12) ☐ PRTF (56)	☑ Independent clinic (49) ☐ PF-PHP (52) ☐ C	Other POS (99)				

RESPITE CARE SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
S5150	Unskilled respite care, not hospice; per 15 minutes	☑ Medicaid☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Services rendered in the client's home, community or other place of service as a temporary substitute for the primary caregivers, to maintain the client in an outpatient setting. Services include observation, support, direct assistance with, or monitoring of the physical, emotional, social and behavoiora; health needs of the client by someone other than the primary caregivers. Respite care should be flexible to ensure that the client's daily routine is maintained.	Technical Documentation Requirements See Page 253 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Client's response 5. Progress toward treatment/service plan goals and objectives EXAMPLE ACTIVITIES					
S5150 does not include practical/professional nursing services; clients who need that level of monitoring should receive respite care under H0045/T1005. Unskilled respite care up to 4 hours (16 units) is reported as S5150; respite care over 4 hours is reported as S5151 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported/billed separately from S5150. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.	 Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. Assistance with monitoring health status and physical condition Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of client Accompanying the client to appointments/ meetings when supervision is required Assistance/supervision needed by client to participate in social, recreational/community activities 					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☑ 15 Minutes Minimum: 8 Minut ☐ Day ☐ 1 Hour Maximum: 4 Hrs (1					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Video Conf (GT)☑ Group (HQ)☐ Telephone☑ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☑ Respite (SY) ☐	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/EI (HT)				
STAFF REQUIREMENTS						
☑ Peer Specialist Master's Level (HO) PhD/Psy ☑ Bachelor's Level (HN) ☑ LAC/LCSW ☑ Licens ☑ Intern (AJ)/LSW/ LMFT/ LPC PhD/Psy	Sed EdD/ RN (TD) APRN (SA)	RxN (SA) PA (PA) MD/DO (AF)				
PLACE OF SERVICE (POS)						
\boxtimes CMHC (53) \boxtimes ACF (13) \square Hospice (34) \square Office (11) \square Cust Care (33) \square ICF-MR (54) \square Mobile Unit (15) \boxtimes Grp Home (14) \square NF (32) \square Outp Hospital(22) \boxtimes Home (12)* \boxtimes PRTF (56)	\square SNF (31) \square Inpt PF (51) \square S	Prison/CF (09) School (03) Other POS (99)				

^{*} Refers to either the Respite Worker's home/setting or the client's home, for this procedure code.

RESPITE CARE SERVICES							
CPT®/HCPCS PROCEDURE CO	DE		PROCEDURE	CODE DESCR	IPTION		USAGE
S5	5151		Unskilled res	spite care, not	hospice	; per diem	☑ Medicaid☑ OBH
SERVICE DESCRIPTION			MINIMUM I	OCUMENTAT	TION REC	QUIREMENTS	
Services rendered in the clien	nt's home, commi	unity or other	Technical Do	ocumentation	Require	ments	
place of service as a tempor	rary substitute for	r the primary	See Page 253	3			
caregivers, to maintain the	client in an outpa	itient setting.	Service Cont	ent			
Services include observation,			1. Purpose	of contact			
or monitoring of the phy			2. Respite s	ervices/activit	ties rend	ered	
behavoiora; health needs of					d that th	ose instructio	ns were followed
than the primary caregivers.			4. Client's r				
to ensure that the client's dai	ly routine is maint	ained.			ment/ser	vice plan goal	s and objectives
NOTES			EXAMPLE A				
S5151 does not include pra	•	_					civities of daily living
services; clients who need t		•	,	outine person	, 0	•	0,
receive respite care under H					_		physical condition
care up to 4 hours (16 units				e with medica			
care over 4 hours is reported			_	nd prompting			-
services (e.g., family, group			•	ng/cueing to p			activities (bed
psychiatric services, case		etc.) are	O,	dusting, vacuu	O,	•	
documented, and reported/b	illed separately fro	om 55151.	Support to assure the safety of client				
For Services provided at a	Crisis Complete City	include the	 Accompanying the client to appointments/ meetings when supervision is required 				
modifier ET in fields 2 through		e include the	 Assistance/supervision needed by client to participate in social, 				
modifier ET in fields 2 tillougi	114.		recreational/community activities				
APPLICABLE POPULATION(S)			UNIT DURATION				
□ Child (0-11) □ Young	ıbA ⊠ tlubA	ult (21-64)	☐ Encounte	r □ 15 Mi	inutes	Minimum: 4	25 Hours
⊠ Adol (12-17) (18-20)		riatric (65+)	≥ Dav	1 Hou		Maximum: 2	
ALLOWED MODE(S) OF DELIV		(50)		ERVICE CATE			
			☐ SP (HE)				☐ Voc (HJ)
	dividual		☐ Other SP	(TG)			☐ Clubhouse (HB)
• •	roup (HQ)		☐ Residentia		□ ACT		☐ Recovery (TS)
☐ Telephone ☐ Fa	amily (HR/HS)		⊠ HF (2 nd m	odifier-SUD)	ĭ≊ Resp	oite (SY)	☐ Prev/EI (HT)
STAFF REQUIREMENTS							
☑ Peer Specialist	☑ Unlicensed	V IInlicono	מל בקט/				
☑ Bachelor's Level (HN)	Master's Level (HO			⊠ QMAP	☐ LPN/	LVN (TE)	□ RxN (SA)
X Intern	☑ LAC/LCSW	∠ Licensed		E QIVIAF	☐ RN (ΓD)	□ PA (PA)
(A	AJ)/LSW/ LMFT/	PhD/PsyD (☐ APRI	N (SA)	□ MD/DO (AF)
	.PC	FIID/F3yD (AII)				
PLACE OF SERVICE (POS)		_				, .	
	ACF (13)	☐ Hospice (34)		helter (04)		Hosp (21)	☐ Prison/CF (09)
• •	Cust Care (33)	☐ ICF-MR (54)		NF (31)	☐ Inpt	PF (51)	☐ School (03)
_ ` ' _	Grp Home (14)	☐ NF (32)		QHC (50)	□ ER (2	<u>2</u> 3)	☑ Other POS (99)
□Outp Hospital(22)	Home (12)*	✓ PRTF (56)		. ,	☐ PF-P	HP (52)	` '

^{*} Refers to either the Respite Worker's home/setting or the client's home, for this procedure code.

SUBSTANCE USE TREATMENT SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
S9445	Patient education, not otherwise classified, non-	☑ Medicaid				
	physician provider, individual	⊠ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
A brief one-on-one session in which concerns about a client's AOD (Alcohol or drug) use are expressed, and	Technical Documentation Requirements See Page 253					
recommendations regarding behavior change are given. The	Service Content:					
intervention should follow as soon as possible after a client	1. The reason for the visit/call. What was the	intended goal or				
has been screened for the presence of AOD. Feedback is	agenda? How does the service relate to the	_				
given on AOD use patterns. The intervention focuses on	2. Description of the service provided, includi	ng results of AOD				
increasing motivation for behavior change. Intervention	screening, the education provided, strategi	es used, and the				
strategies include education, brief counseling, continued	individual's response to the education					
monitoring, or referral to more intensive substance abuse	3. How did the service impact the individual's	progress				
treatment services. This procedure code covers the collection of a specimen (for	towards goals/objectives? 4. Plan for next contact(s) including any follow	v-un or				
analysis) in conjunction with the counseling of the screening	coordination needed with 3 rd parties	v up oi				
results. If the counseling/education doesn't occur then the	parties					
procedure code cannot be billed. The urine analysis is billed						
separately to fee-for-service (FFS) by the laboratory. There is						
no separate code solely for sample collection.						
NOTES	EXAMPLE ACTIVITIES					
Substance abuse counseling/education services shall be provided along with screening to discuss results with client.						
The laboratory analysis needed as a prerequisite for this						
code should be submitted as a claim to FFS by the						
laboratory, if covered by Medicaid. This						
counseling/education service should occur only once per						
drug screening.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A					
	□ Day □ 1 Hour Maximum: N/A PROGRAM SERVICE CATEGORY(IES)					
	⊠ SP (HF)	□ Voc (HJ)				
☑ Face-to-Face ☑ Individual	□ Other SP (TG) □ ICM (SK) □	Clubhouse (HB)				
☑ Video Conf (GT) ☐ Group (HQ)	□ Residential (SC) □ ACT (HK)	☐ Recovery (TS)				
☐Telephone ☐ Family (HR/HS)	□ Respite (SY) □ HF (2 nd modifier-SUD)	☐ Prev/EI (HT)				
STAFF REQUIREMENTS						
I I Peer Specialist	censed EdD/	RxN (SA)				
IXI RACHEIOT STEVELLHIVI	yD (HP) □CAC I □ RN (TD) □ sed EdD/ □CAC II □ RN (TD) □	PA (PA)				
✓ Intern (AJ)/LSW/ LMFT/ LPC PhD/Ps		MD/DO (AF)				
PLACE OF SERVICE (POS)	,					
☑ CMHC (53)	☐ Shelter (04) ☐ Inpt Hosp (21) ☐	Prison/CF (09)				
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54)	, ,	School (03)				
☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)		NRSATF (57)				
☑Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	☑ Independent clinic (49) ☑ PF-PHP (52) ☑	Other POS (99)				

PREVENTION/EARLY INTERVENTION SERVICES — EDUCATION SERVICES							
CPT®/HCPCS PROCEDUR	RE CODE		PROCEDURE CO	DE DESCRIPT	TION		USAGE
	S9453		Smoking cessati	ion classes, n	on-ph	ysician provide	r, 🗵 Medicaid
	33433		per session				⊠ OBH
SERVICE DESCRIPTION			MINIMUM DOO	CUMENTATIO	N REC	QUIREMENTS	
Structured classes rend	ered for the treatme	nt of tobacco	Technical Docu	mentation Re	equire	ments	
dependence.			See Page 253				
			Service Content	t			
			1. What was th		_	-	
			2. Description			ıl reviewed/pre	sented and
			individual's	response to	class		
NOTES			EXAMPLE ACTIV	/ITIES			
This service is for clie							
dependence or a history		e.					
APPLICABLE POPULATIO			UNIT			DURATION	
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)			☑ Encounter ☐ 15 Minutes Minimum: N/A				
⊠ Adol (12-17) (18-		eriatric (65+)	☐ Day ☐ 1 Hour Maximum: N/A				
ALLOWED MODE(S) OF I	DELIVERY		PROGRAM SERVICE CATEGORY(IES)				
			⊠ SP (HE)*				□ Voc (HJ)
▼ Face-to-Face ▼ Tace-to-Face ▼ Tace-to-Face	☐ Individual		☐ Other SP (TG	•		M (SK)	☐ Clubhouse (HB)
☐ Video Conf (GT)	☑ Group (HQ)		☐ Residential (SC)			CT (HK)	☐ Recovery (TS)
☐ Telephone	☐ Family (HR/HS)		⊠ HF (2 nd modif	•	I I RESNITE INVI		☑ Prev/EI (HT)
			*For adol/young adult only			- , (,	
STAFF REQUIREMENTS							
☑ Peer Specialist	☑ Unlicensed	☑ Unlicer	nsed EdD/	☐ QMAP		(П в (a.)
☑ Less Than Bachelor's	Master's Level (HC) PhD/PsyD) (HP)	□CAC I		PN/LVN (TE)	□ RxN (SA)
Level (HM)	☑ LAC/LCSW .		• •	⊠CAC II		N (TD)	□ PA (PA)
☑ Bachelor's Level (HN)	(AJ)/LSW/ LMFT/ L	PC PhD/PsyD	(AH)	⊠CAC III	× A	PRN (SA)	☐ MD/DO (AF)
☑ Intern		· •	<u> </u>				
PLACE OF SERVICE (POS)) ☑ ACF (13)	Ulamina /24	\			at Haar (24)	Пријест /СГ (ОС)
	IXI ALE LI 31	☐ Hospice (34)	(0.4)	⊔ ını	ot Hosp (21)	□Prison/CF (09)
☑ CMHC (53)	` '		🗷 Sheiter (04)		□ 1·~·	a+ DF /F1\	V Cobool (O2)
⊠ Office (11)	☑ Cust Care (33)	☑ ICF-MR (54)				ot PF (51)	School (03) NDSATE (57)
, ,	` '		∑ Sneite	31)	□ ER		✓ School (03)✓ NRSATF (57)✓ Other POS (99)

PREVENTION/EARLY INTERVENTION SERVICES — EDUCATION SERVICES								
CPT®/HCPCS PROCEDURE	CODE		PROCEDURE	CODE DESCR	IPTION		US	AGE
	S9454		Stress manag provider, per	gement classe session	s, non-p	hysician	-	Medicaid OBH
SERVICE DESCRIPTION			MINIMUM D	OCUMENTA	TION REC	QUIREMENTS	5	
Structured classes designed	ed to educate clients	on the	Technical Do	cumentation	Require	ments		
management of stress.			See Page 253	3				
			Service Cont	ent				
			1. Wh	nat was the in	tended (class goal or a	agenda?	
				scription of th			ewed/pres	ented and
			ind	lividual's resp	onse to	class		
NOTES			EXAMPLE AC	TIVITIES				
APPLICABLE POPULATION	N(S)		UNIT			DURATION		
	U	dult (21-64)	☑ Encounter ☐ 15 Minutes Minimum: N/A					
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)			☐ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF D	ELIVERY			ERVICE CATE	GORY(IE	S)		
			⊠ SP (HE)*	,		(=)	□ Voc ((HJ)
	☐ Individual		☐ Other SP (` '		house (HB)
	☑ Group (HQ)		☐ Residentia		□ ACT			very (TS)
☐ Telephone	☐ Family (HR/HS)		☑ HF (2 nd mo		☐ Respite (SY)		☑ Prev	/EI (HT)
CTAFF DECLUDENTENTS			* child/adol/	young adult				
STAFF REQUIREMENTS ☐ Peer Specialist	☑ Unlicensed							
☐ Peer Specialist ☑ Less Than Bachelor's		UO\ ⊠ Unlice	ensed EdD/		V in	N/LVN (TE)	□ RxN (CA)
Level (HM)	Master's Level (☑ LAC/LCSW	PhD/Psyl	D (HP)	\square QMAP		N/LVN (1E) N (TD)		,
☑ Bachelor's Level (HN)	(AJ)/LSW/ LMF1	⊠ Licens	ed EdD/			PRN (SA)		,
☑ Intern	LPC	PhD/Psyl	D (AH)		□ Ai	MV (SA)	□ IVID/ C	,
PLACE OF SERVICE (POS)	21.0							
☑ CMHC (53)	☑ ACF (13)	☐ Hospice (34))		☐ Inp	t Hosp (21)		/ / \
☑ Office (11)	☑ Cust Care (33)	☑ ICF-MR (54)	≥ Sne	elter (04)		t PF (51)		on/CF (09)
☐ Mobile Unit (15)	☑ Grp Home (14)	☑ NF (32)	⊠ SN	. ,	□ ER	(23)	⊠ Scho	` '
⊠Outp Hospital(22)	☐ Home (12)	☑ PRTF (56)	☑ FQHC (50)		☑ PF-PHP (52)		Ľ Utne	er POS (99)

TREATMENT SERVICES – INTENSIVE TREATMENT SERVICES – INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
S9480	Intensive outpatient psychiatric services, per diem	☑ Medicaid ☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Services focus on maintaining and improving functional abilities for a client at risk of/with a history of psychiatric hospitalization. Services are based on a comprehensive and coordinated individualized and recovery-oriented treatment/service plan, utilizing multiple concurrent services and treatment modalities rendered by a multidisciplinary treatment team.	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service 3. The therapeutic intervention(s) utilized and the individual's response to the intervention(s) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3rd parties. 6. Daily log of attendance and time duration 7. Weekly note re: Client and/or family specific progress notes (if daily notes do not meet full minimum documentation					
NOTES	requirements) EXAMPLE ACTIVITIES					
While services are available 4 hours per day, 5 days per week, at minimum, the amount of weekly services per client is directly related to the goals and objectives specified in the client's treatment/service plan.	Sessions focus on reducing/eliminating symptoms that, in the past, have led to the need for hospitalization.					
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour 5 days/week	able 4 hours/day,				
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES)					
☑ Face-to-Face☑ Individual☑ Video Conf (GT)☑ Group (HQ)☑ Telephone☑ Family (HR/HS)	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SY) ☐	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/El (HT)				
STAFF REQUIREMENTS						
☑ Bachelor's Level (HN) Master's Level (HO) PhD/Pst ☑ Intern ☑ LAC/LCSW ☑ Licen (AJ)/LSW/ LMFT/ LPC PhD/Pst	yD (HP) ロ QMAP 図 RN (TD) 図 ised EdD/ 図 APRN (SA) 図	RxN (SA) PA (PA) MD/DO (AF)				
PLACE OF SERVICE (POS)						
	□ SNF (31) □ Inpt PF (51) □ ER (23)	Prison/CF (09) School (03) Other POS (99)				

TREATMENT SERVICES	TREATMENT SERVICES – CRISIS/EMERGENCY SERVICES					
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION USAGE					
\$9485	Crisis intervention mental health services, per	☑ Medicaid				
35463	diem	⊠ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Unscheduled activities rendered in the process of resolving a	Technical Documentation Requirements					
client crisis requiring immediate attention that could result	See Page 253					
in the client requiring a higher LOC without intervention,	Service Content					
including crisis response, crisis line, assessment, referral and	1. The reason for the visit/call. What was the inte					
therapy. If the client has developed a Wellness Recovery	agenda? Description of the crisis/need for crisis					
Action Plan (WRAP) and/or advance directive, the plan is	2. The therapeutic intervention(s) utilized (assessing the decision to the dec					
followed with the client's permission.	status, de-escalation techniques, consultation, and the individual's response to the intervention					
	3. BH history	11(3)				
	4. Treatment needs (immediate, short-term, long-	term) linked with				
	an existing crisis plan (WRAP, advance directive					
	5. Other problems identified (mental health, subs					
	medical, etc.)	,				
	6. Plan for next contact(s) including any follow-up	or coordination				
	needed with 3 rd parties					
NOTES	EXAMPLE ACTIVITIES					
Available on a 24-hour, 7-day a week basis. Services are	Face-to-face/telephone contact to provide imm					
provided by a mobile team/crisis program in a facility/clinic.	term crisis-specific therapy/counseling with clie					
May be provided by more than one direct care staff if	necessary, with client's caretakers/ family mem					
needed to address the situation (e.g., for safety); all staff	Referral to other applicable BH services, includi					
involved and their activities are identified and documented.	screening; activities include telephone contacts	/ meeting with				
Crisis intervention up to 4 hours is reported as H2011; crisis	receiving provider staff					
intervention of more than 4 hours is reported as S9485 (per diem). S9485 is used in lieu of individual psychotherapy	Face-to-face/telephone consultation with physician/ hospital staff recording peed for psychiatric consultation					
procedure codes when the session is unscheduled (e.g.,	staff, regarding need for psychiatric consultation • Face-to-face/telephone contact with another provider to help					
client walk-in), focused on a client crisis, and involves	that provider deal with a specific client's crisis					
immediate and/or special interventions in response.	Consultation with one's own provider staff to address the crisis					
	, , , , , , , , , , , , , , , , , , ,					
For Services provided at a Crisis Service Site include the						
modifier ET in fields 2 through 4.						
APPLICABLE POPULATION(S)	UNIT DURATION					
☑ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	☐ Encounter ☐ 15 Minutes Minimum: 4 hr					
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Day ☐ 1 Hour Maximum: N/A					
ALLOWED MODE(S) OF DELIVERY	PROGRAM SERVICE CATEGORY(IES) ☑ SP (HE) ☑ ICM (SK)	□ Voc (HI)				
☑ Face-to-Face ☑ Individual		□ Voc (HJ) □ Clubhouse (HB)				
☐ Video Conf (GT) ☐ Group (HQ)		☐ Recovery (TS)				
☑ Telephone ☑ Family (HR/HS)		☐ Recovery (13) ☐ Prev/El (HT)				
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Unlicensed ☑ Unlicensed	sed EdD/					
☑ Bachelor's Level (HN) Master's Level (HO) PhD/PsyD	(HP) DOMAP ELPN/LVN (TE)	RxN (SA)				
Intern	A END (ID)	PA (PA)				
(AJ)/LSW/ LMFT/ LPC PhD/PsyD (MD/DO (AF)				
PLACE OF SERVICE (POS)						
☑ CMHC (53)		☐ Prison/CF (09)				
☑ Office (11) ☑ Cust Care (33) ☑ ICF-MR (54	4) INDT PF (51)	☑ Prison/CF (09) ☑ School (03)				
☑ Mobile Unit (15) ☑ Grp Home (14) ☑ NF (32)	区 FOHC (50)	⊠ Other POS (99)				
☑Outp Hospital(22) ☑ Home (12) ☑ PRTF (56)	⊠ PF-PHP (52)	_ Julie 1 03 (33)				

Room and Board							
CPT ®/HCPCS PROCEDUR	E CODE		PROCEDURE C	USAGE			
	S9976		Lodging, per di	iem, not otherwise speci	ied	☐ Medicaid☒ OBH	
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQUIR	EMENTS		
Room and board costs pe	er day		Sign with	stop time (duration) 1st initial, last name & cre	edentials		
NOTES			EXAMPLE ACT				
			Room and boa	rd provided to client.			
	APPLICABLE POPULATION(S)						
☐ Child (0-11)	☑ Adol (12-17)		Adult (18-20)	☑ Adult (21-64)		ic (65+)	
PLACE OF SERVICE (POS)							
☐ School (03) ☐ Shelter (04) ☐ Prison/CF (09) ☐ Office (11) ☐ Home (12) ☐ ALF (13)	☐ Mobile Unit (15) ☐ Temp Lodge (16) ☐ Urgent Care (20) ☐ ER Hosp (23) ☐ Amb Surg Ctr (24) ☐ MTF (26) ☐ SNF (31) ☐ SA ☐ TD ☐ TE ☐ TF ☐ TG ☐ UK ☐ 22	☐ FQHC ☐ Inpt PI☐ PF-PHI ☐ PF-PHI ☐ Encou ☐ Day ☐ 15 Mir ALLOWE	are (33) ce (34) ndt Clinic (49) (50) F (51) P (52) nter nutes D MODE(S) OF I o-Face Conference	☐ CMHC (53) ☐ ICF-MR (54) ☑ RSATF (55) ☐ PRTF (56) ☐ Non-Residential SA Treatment Cntr (57) ☐ CIRF (61) ☐ 1 Hour ☐ 3 Hours DELIVERY ☐ Group (HQ) ☐ Family ☑ On-Site	□ Rural H □ Other F	Health Clinic (71) ealth Clinic (72) POS (99) N : 24 hours :: N/A	
□ HH □ HT	□ 52	☐ relepi		☐ Off-Site			
MINIMUM STAFF REQUIF	REMENTS						
☐ Peer Specialist ☐ Less than Bachelor's Level (HM) ☐ LPN/LVN (TE) ☐ Bachelor's Level (HN) ☐ Psych. Tech ☐ RN (TD) ☐ RxN (SA)	☐ APRN (SA) ☑ LAC/LCSW (AJ)/LMFT/L ☑ Unlicensed EdD/PhD/P ☑ Unlicensed Master's Le ☐ Licensed non-physician practitioner (NPP)	syD (HP) evel (HO)		dD/PhD/PsyD (AH)	☐ MD/DO (A ☐ QMAP ☑ Treatmen ☐ Interprete Hard Hearing ☐ Dentist (o codes)	t Facility r for Deaf and	

RESPITE CARE SERVICES						
CPT®/HCPCS PROCEDUI	RE CODE		PROCE	DURE CODE DE	SCRIPTION	USAGE
	T1005		Respite care ser	vices, up to 15	minutes	✓ Medicaid✓ OBH
SERVICE DESCRIPTION			MINIMUM DOO	UMENTATION	REQUIREMENTS	
Services to temporarily substitute for primary caregivers to maintain clients in outpatient setting. Services include assistance with/monitoring of personal hygiene, nutritional support, safety, and environmental maintenance. Respite care should be flexible to ensure that the client's daily routine is maintained.			Technical Documentation Requirements See Page 253 Service Content 1. Purpose of contact 2. Respite services/activities rendered 3. Special instructions and that those instructions were followed 4. Client's response 5. Progress toward treatment/service plan goals and objectives			
NOTES			EXAMPLE ACTIV	/ITIES		
Unlike respite procedure codes S5150 – S5151, T1005 requires practical or professional nursing care to meet the health and physical needs of the client. Respite care up to 4 hours (16 units) is reported as T1005; respite care over 4 hours is reported as H0045 (per diem). Discrete services (e.g., family, group and individual psychotherapy, psychiatric services, case management, etc.) are documented, and reported or billed separately from T1005.			 Assistance with/monitoring/prompting of activities of daily living (ADLs), routine personal hygiene skills, dressing, etc. Assistance with monitoring health status and physical condition Assistance with medication and other medical needs Cueing and prompting for preparation and eating of meals Prompting/cueing to perform housekeeping activities (bed making, dusting, vacuuming, etc.) Support to assure the safety of client Accompanying the client to appointments/ meetings when supervision is required Assistance/supervision needed by client to participate in social, 			
APPLICABLE POPULATION	ON(S)		UNIT	/community act	DURATION	
☑ Child (0-11) ☑ Adol (12-17)	⊠ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	☐ Encounter ☐ Day	☑ 15 Minute: ☐ 1 Hour	Maximum: 4	3 Minutes 4 Hrs (16 Units)
ALLOWED MODE(S) OF	DELIVERY		PROGRAM SERV		• •	
☑ Face-to-Face ☐ Video Conf (GT) ☐ Telephone	☑ Individual ☑ Group (HQ) ☐ Family (HR/F	S)	☐ SP (HE) ☐ Other SP (TG) ☐ Residential (S ☑ HF (2 nd modif) □ 5C) ⊠	ICM (SK) ACT (HK) Respite (SY)	□ Voc (HJ) □ Clubhouse (HB) □ Recovery (TS) □ Prev/El (HT)
STAFF REQUIREMENTS						
☐ Peer Specialist ☐ Bachelor's Level (HN) ☑ Intern	□ Unlicensed Master's Leve □ LCSW (AJ), LMFT/ LPC	el (HO) PhD/PsyD	(HP) □	QMAP	LPN/LVN (TE) RN (TD) APRN (SA)	⊠ RxN (SA) ⊠ PA (PA) □ MD/DO (AF)
PLACE OF SERVICE (POS	•					
☑ CMHC (53)☐ Office (11)☐ Mobile Unit (15)☐ Outp Hospital(22)	☑ ACF (13)☐ Cust Care (33)☑ Grp Home (14)☑ Home (12)*	, ,	☐ Shelter (☐ SNF (31) ☑ FQHC (5	□ Ir 50) □ E	npt Hosp (21) npt PF (51) R (23) F-PHP (52)	☐ Prison/CF (09) ☐ School (03) ☑ Other POS (99)

^{*}Refers to either the Respite Worker's home or the client's home, for this procedure code.

			Tı	reatment			
CPT ®/HCPCS P	ROCEDU	RE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE
		T1006		Alcohol and/o	ices,	☐ Medicaid	
11000			family/couple			⊠ OBH	
SERVICE DESCR				MINIMUM DO	CUMENTATION REQU	IREMENTS	
		ls in sessions with individuals		 Date of se 			
		nd/or significant others unde		 Start and 	stop time (duration)		
		to address family and relation		 Focus of s 	session		
		and other drug abuse and/o		 Progress 	toward treatment/serv	ice plan goals	and objectives
•	the pur	pose of promoting recovery	from	 Intervent 	ion strategies utilized		
addiction.				 Client res 	•		
				 Outcome 	•		
				 Signed wi 	ith 1 st initial, last name	& credentials	
NOTES				EXAMPLE ACT	IVITIES		
		ily/couple when client is pre					
Use HS modifier for family/couple without client present.							
APPLICABLE PO	PULATIO						
☐ Child (0-11)		☑ Adol (12-17)	✓ Young	Adult (18-20)	☑ Adult (21-64)		ric (65+)
PLACE OF SERV	ICE (POS						
☑ School (03)		☐ Mobile Unit (15)	☐ NF (32		☑ CMHC (53)	☐ CORF (•
☑ Shelter (04)		☐ Temp Lodge (16)	☐ Cust C		☐ ICF-MR (54)		Health Clinic (71)
☑ Prison/CF (09	9)	☐ Urgent Care (20)			☐ RSATF (55)		Health Clinic (72)
☑ Office (11)		☐ ER Hosp (23)		ndt Clinic (49)	□ PRTF (56)	☑ Other	POS (99)
☑ Home (12)		☐ Amb Surg Ctr (24)	☑ FQHC		✓ Non-Residential SA		
☐ ALF (13)	(1.1)	☐ MTF (26)	☐ Inpt PI		Treatment Cntr (5	/)	
☐ Group Home MODIFIER	(14)	☐ SNF (31)	☐ PF-PH UNIT	P (52)	☐ CIRF (61)	DURATIO	ANI
□ AF	□нм	✓ SA	☐ Encou	ntor	☑ 1 Hour	Minimum	
□ AF ☑ AH		⊡ TD	□ Encou	iitei	□ 3 Hours	Maximun	,
□ HA	☐ HO	□ TE	□ Day □ 15 Mir	autos	□ 3 Hours	IVIAXIIIIUII	II. N/A
□ НВ	☑ HP	□ TF		D MODE(S) OF I	DELIMEDA		
□HC	□ HQ	□TG	✓ Face-t		Group (HQ)	☐ Telem	a dicin a
□ HD	□ HR	□ UK		Conference	☐ Group (HQ) ☑ Family		
□HG	☑ HS	□ 22	☐ Video		☐ On-Site		illerence
□нн		□ 52 □ 52	☐ relepr		☐ Off-Site		
MINIMUM STA			<u> </u>	uai	□ OII-Site		
☐ Peer Speciali		☐ APRN (SA)		Cert Preve	ention Specialist	☐ MD/DO (A	E)
☐ Less than Ba		☐ LAC/LCSW (AJ)/LMFT/I	DC.		dD/PhD/PsyD (AH)		')
Level (HM)		✓ Unlicensed EdD/PhD/P			Walington (All)		Facility
☐ LPN/LVN (TE)	✓ Unlicensed Master's Le		☐ CAC II			r for Deaf and
☐ Bachelor's Le	-			☑ CAC III		Hard Hearing	
☐ Psych. Tech		practitioner (NPP)	•	✓ NP (SA)		☐ Dentist (or	
☐ RN (TD)		production (in i)		□ PA		codes)	,
□ RxN (SA)						,	

SOCIAL/AMBULATORY DETOXIFICATION SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPT	ION	USAGE			
	Alcohol and/or substance abo					
T1007	plan development and/or modification, including 🗵 OBH					
	vital sign monitoring					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATIO	N REQUIREMENTS				
Initial detox plan for member may be more generally	Technical Documentation Re	quirements				
focused on assessment of detox progression, maintaining	See Page 253					
member safety. As member progresses in detox and is able	Service Content:					
to participate in planning, a more specific treatment plan,	 Assessment of detox prog 	gression				
focused on aftercare and treatment, as needed, may be	 Degree of Alcohol of 	or Drug into as evide	enced by			
developed. This may be the initial plan for a client beginning	-	elf-report, observat	ion or other			
treatment or the modification of a plan for a client already	accepted means					
in treatment. It is typically a scheduled service that is not	 Initial vital signs 					
necessarily delivered in conjunction with another treatment		cy medical and/or ps				
This service may require the participation of clinicians and			gree of personal and			
specialists in addition to those usually providing treatment		as soon as clinically	teasible			
	 Pregnancy screen 					
	O Clinical Institute Wi					
		or comparable insti	ument			
	2. Detox monitoring	.:4:				
	All monitoring activ					
	 Vital signs taken at 	least every 2 hours least 4 hours; then				
	discharge	l least 4 flours, then	every o nours until			
	 Routine monitoring 	of physical and mo	ntal status			
	Medical interventions bas					
	Service plan modification		-			
	treatment plan for afterca					
	monitoring					
NOTES	EXAMPLE ACTIVITIES					
Facility must be licensed by the Colorado Department of	Another example of the services provided in a social model detox					
Human Services, Office of Behavioral Health as an OBH	Another example of the services provided in a social model detox					
Provider. Detox plan must be provided in accordance with						
OBH licensure						
APPLICABLE POPULATION(S)	UNIT DURATION					
□ Child (0.11)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64)	□Encounter	Minutes	num: 8 minutes num: N/A			
☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	17) (18-20) ⊠ Geriatric (65+) ☐ Day					
ALLOWED MODE(S) OF DELIVERY	Program Service Category					
	⊠ SP (HE)	☐ ICM (SK)	□ Voc (HJ)			
☐ Video Conference (GT) ☐ Group (HQ)	☐ Other SP (TG)	□ ACT (HK)	☐ Clubhouse (HB)			
	☐ Residential (SC)		☐ Recovery (TS)			
☐ Telephone ☐ Family (HR/HS)	☑HF (2 nd Modifier-SUD)	☐ Respite (SY)	☐ Prev/El (HT)			
STAFF REQUIREMENTS						
☐ Peer Specialist ☑ Unlicensed	ensed EdD/					
Less than Bachelor's Master's Level (HO) PhD/Psy		☐ LPN/LVN (TE)	□RxN (SA)			
Level (HM)		□ RN (TD)	□ PA (PA)			
Bachelor's Level (HN) (AI)/ISW/IMET/IDC END/DPL	D/PsyD (AH) ⊠ CAC III	☑ APRN (SA)	☑ MD/DO(AF)			
⊠ Intern , "	. , (, = 5					
PLACE OF SERVICE (POS)	□ Shelter (C4)	□ Inst Hosp (24)	□ Pricon /CF (00)			
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54)	☐ Shelter (04) ☐ SNF (31)	☐ Inpt Hosp (21)	☐ Prison/CF (09)			
☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32)	☐ FQHC (50)	☐ Inpt PF (51) ☐ ER (23)	☐ School (03) ☐ NRSATF (57)			
\square Outp Hospital (22) \square Home (12) \square PRTF (56)	☑ Independent clinic (49)		☐ Other POS (99)			

		Supp	ort Services			
CPT ®/HCPCS PROCEDU	RE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE
	T1009		Child sitting services for the children of the individual receiving alcohol and/or substance abuse services □ Medica ☑ OBH			☐ Medicaid ☑ OBH
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQUIR	EMENTS	
	lients undergoing treatment e while the client is in treatm			ervice stop time (duration) th 1 st initial, last name &	credentials	
NOTES			EXAMPLE ACT	IVITIES		
APPLICABLE POPULATION	ON(S)					
☑ Child (0-11)	✓ Adol (12-17)	☐ Young	Adult (18-20)	☐ Adult (21-64)	☐ Geriatr	ic (65+)
PLACE OF SERVICE (POS	()					
□ School (03) □ Shelter (04) □ Prison/CF (09) ☑ Office (11) ☑ Home (12) □ ALF (13) □ Group Home (14) MODIFIER ☑ AF ☑ HM ☑ AH ☑ HN □ HA ☑ HO □ HB ☑ HP □ HC ☑ HQ □ HD □ HR □ HG □ HS	☐ Mobile Unit (15) ☐ Temp Lodge (16) ☐ Urgent Care (20) ☐ ER Hosp (23) ☐ Amb Surg Ctr (24) ☐ MTF (26) ☐ SNF (31) ☐ TD ☐ TE ☐ TF ☐ TG ☐ UK ☐ 22	☐ FQHC☐ Inpt P☐ PF-PH☐ UNIT☐ Encou☐ Day☐ 15 Min ALLOWE☐ Face-t☐ DAY☐ Face-t☐ PROPERTY PROPER	are (33) ce (34) ndt Clinic (49) (50) F (51) P (52) nter nutes D MODE(S) OF I o-Face Conference	☐ CMHC (53) ☐ ICF-MR (54) ☐ RSATF (55) ☐ PRTF (56) ☑ Non-Residential SA Treatment Cntr (57) ☐ CIRF (61) ☐ 1 Hour ☐ 3 Hours ☐ Group (HQ) ☑ Family ☑ On-Site	□ Rural H ☑ Other F	Health Clinic (71) ealth Clinic (72) POS (99) N : N/A :: N/A
□нн □нт	□ 52	☑ Individ		☑ Off-Site		
MINIMUM STAFF REQU	IREMENTS					
 ✓ Peer Specialist ✓ Less than Bachelor's Level (HM) ✓ LPN/LVN (TE) ✓ Bachelor's Level (HN) ✓ Psych. Tech ✓ RN (TD) ✓ RxN (SA) 	☑ APRN (SA) ☑ LAC/LCSW (AJ)/LMFT/L ☑ Unlicensed EdD/PhD/P. ☑ Unlicensed Master's Le ☑ Licensed non-physician practitioner (NPP)	syD (HP) vel (HO)		dD/PhD/PsyD (AH)	✓ MD/DO (A ✓ QMAP ✓ Treatment ☐ Interprete Hard Hearing ☐ Dentist (or codes)	t Facility r for Deaf and

Support Services						
CPT ®/HCPCS PROCE	DURE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE
	T1010		Meals for indiv	viduals receiving alcoho	l and/or	☐ Medicaid
	11010		substance abu	se services		⊠ OBH
SERVICE DESCRIPTIO	N		MINIMUM DO	CUMENTATION REQUI	REMENTS	
For those receiving a	lcohol and/or substance abuse :	services	Date of se	ervice		
who arrive at their so	chedule times hungry.		 Description 	on of service rendered		
			Type of for	ood provided		
For example, lunch is	sometimes provided to pregna	int	• • •	on as to why food was r	needed / had b	een un-
women who come to	treatment hungry.		•	d until this point.	·	
				th 1st initial, last name	& credentials	
NOTES			EXAMPLE ACT	•		
			Offering and p	reparing meals or snack	ζS.	
APPLICABLE POPULA	TION(S)		,	, ,		
☑ Child (0-11)	☑ Adol (12-17)	✓ Young	Adult (18-20)	☑ Adult (21-64)		ic (65+)
PLACE OF SERVICE (F	OS)					
☐ School (03)	☐ Mobile Unit (15)	☐ NF (32	2)	☑ CMHC (53)	☐ CORF (52)
☑ Shelter (04)	☑ Temp Lodge (16)	☐ Cust C	are (33)	☐ ICF-MR (54)	☐ Public I	Health Clinic (71)
☐ Prison/CF (09)	☐ Urgent Care (20)	☐ Hospi	ce (34)	☐ RSATF (55)	☐ Rural H	lealth Clinic (72)
☑ Office (11)	☐ ER Hosp (23)	☐ Indepndt Clinic (49)		□ PRTF (56)	✓ Other F	OS (99)
☐ Home (12)	☐ Amb Surg Ctr (24)		✓ FQHC (50) ✓ Non-Residential SA		١	
☐ ALF (13)	☐ MTF (26)	☐ Inpt P	F (51)	Treatment Cntr (57	7)	
☑ Group Home (14)	☐ SNF (31)	☐ PF-PH	P (52)	☐ CIRF (61)		
MODIFIER		UNIT			DURATIO	N
□ AF ☑ H		☐ Encou	nter	☐ 1 Hour	Minimum	•
☑ AH ☑ F	IN ☑ TD	☐ Day		☐ 3 Hours	Maximum	ı: N/A
□ HA ☑ F		☐ 15 Mi	nutes	☑ 1 meal		
□ HB ☑ H		ALLOWE	D MODE(S) OF I			
□нс □н	-	☑ Face-t	o-Face	☐ Group (HQ)	☐ Teleme	dicine
□ HD □ F			Conference	☐ Family	☐ Teleco	nference
□HG□F		☐ Telepl		☑ On-Site		
□нн □н		☑ Individ	dual	☑ Off-Site		
MINIMUM STAFF RE						
☑ Peer Specialist	☐ APRN (SA)			vention Specialist	☐ MD/DO (A	٦F)
☑ Less than Bachelo	-, (-,,			EdD/PhD/PsyD (AH)	☑ QMAP	
Level (HM)	Unlicensed EdD/PhD/					,
☑ LPN/LVN (TE) ☑ Unlicensed Master's Level (I						r for Deaf and
☑ Bachelor's Level (F		an	☑ CAC III		Hard Hearing	,
☑ Psych. Tech	practitioner (NPP)		☑ NP (SA)		\square Dentist (o	nly for SBIRT
☑ RN (TD)			☐ PA		codes)	
☑ RxN (SA)						

	Treatment						
CPT ®/HCPCS PROCEDURE C	ODE		PROCEDURE C	ODE DESCRIPTION		USAGE	
_	F4.04.2		Alcohol and/or	r substance abuse servic	es, skills	☐ Medicaid	
'	Г1012		development			⊠ OBH	
SERVICE DESCRIPTION				CUMENTATION REQUI	REMENTS		
For those involved in Alcoho	ol and/or substance treati	ment,	Date of se				
this component helps facilita		-	 Start and 	stop times (duration)			
day activities. The skills deve				on of service rendered			
self-sufficiency and independ		Ö	Recomme				
, ,				th 1st initial, last name &	2 credentials		
NOTES			EXAMPLE ACT		x creaciitiais		
110123				nent and maintenance o	of necessary co	mmunity and	
				g skills (i.e., grooming, p			
				health and MH education		· -	
				nce of living environme		nagement and	
				nent of appropriate pers		activorks to	
				endencies towards isola			
				nent of basic language s			
				n independently	Kilis Hecessary	to enable client	
APPLICABLE POPULATION(S	;)		to functio	ппиерепиенту			
•	Adol (12-17)	✓ Young	Adult (18-20)	☑ Adult (21-64)		ic (65+)	
PLACE OF SERVICE (POS)	, ,			, ,			
	Mobile Unit (15)	☐ NF (32	2)	☑ CMHC (53)	☐ CORF (62)	
` '	Гетр Lodge (16)	☐ Cust C	•	☐ ICF-MR (54)	•	Health Clinic (71)	
	Jrgent Care (20)	☐ Hospi		☐ RSATF (55)		ealth Clinic (72)	
	ER Hosp (23)		ndt Clinic (49)	✓ PRTF (56)	☑ Other F	· ·	
` '	Amb Surg Ctr (24)	☑ FQHC	• •	✓ Non-Residential SA		33 (33)	
	MTF (26)	☐ Inpt P		Treatment Cntr (57			
	SNF (31)	☐ PF-PH		☐ CIRF (61)	,		
MODIFIER	(02)	UNIT	. (3=)		DURATIO	N	
☑ AF ☑ HM	☑ SA	☐ Encou	ınter	☐ 1 Hour		: 15 minutes	
☑ AH ☑ HN	☑ TD	□ Day		☐ 3 Hours	Maximum		
□ HA ☑ HO	☑ TE	☑ 15 Mi	nutes	_ 0040		,,,,	
□ HB ☑ HP	□ TF		D MODE(S) OF I	OFLIVERY			
□ HC □ HQ	□ TG	☑ Face-t		☐ Group (HQ)	☐ Teleme	dicine	
□ HD □ HR	□UK		Conference	☐ Family	☐ Telecoi		
□ HG □ HS	□ 22	☐ Teleph		☑ On-Site	□ Telecol	incrence	
□нн □нт	□ 52	☑ Individed the second of		☑ Off-Site			
MINIMUM STAFF REQUIREM		E maivie	auai	E On Site			
	☑ APRN (SA)		Cert Prev	vention Specialist	☑ MD/DO (A	(F)	
	☑ / ((S/) ☑ LAC/LCSW (AJ)/LMFT/L	.PC		EdD/PhD/PsyD (AH)	☑ QMAP	<i>,</i>	
	☑ Unlicensed EdD/PhD/P		☑ CAC I	,,		t Facility	
	☑ Unlicensed Master's Le		☑ CAC II			r for Deaf and	
	☐ Licensed non-physician		☑ CAC III		Hard Hearing		
✓ Psych. Tech	practitioner (NPP)		□ NP (SA)		☐ Dentist (or		
☑ RN (TD)			□ PA		codes)	,	
☑ RxN (SA)							

	Support Services						
CPT ®/HCPCS PRO	CEDUI	RE CODE		PROCEDURE C	USAGE		
T1013			Sign language	Sign language or oral interpreter for alcohol			
		11012		and/or substar	nce abuse services		⊠ OBH
SERVICE DESCRIPT	ION			MINIMUM DO	CUMENTATION REQU	IREMENTS	
An additional servi	ce to a	assure the treatment for beh	navioral	Date of se	ervice		
health clients is un	dersto	ood or received for clients w	ho	 Start and 	stop time (duration)		
		oral interpretation, including		 Signed wi 	ith 1 st initial, last name	& credentials	
	rvices	required by the Americans v	with				
Disabilities Act.							
NOTES				EXAMPLE ACT			
					or oral interpretation p		
				•	nd the treatment or se		vided to them in
				relation to alco	phol and/or drug abuse	services	
APPLICABLE POPU	LATIO	• •					
☑ Child (0-11)		☑ Adol (12-17)		Adult (18-20)	☑ Adult (21-64)		ic (65+)
PLACE OF SERVICE							
☐ School (03)		☐ Mobile Unit (15)	☐ NF (32	•	☑ CMHC (53)	☐ CORF (-
☐ Shelter (04)		☐ Temp Lodge (16)	☐ Cust Care (33)		☐ ICF-MR (54)		Health Clinic (71)
☐ Prison/CF (09)		☐ Urgent Care (20)	☐ Hospi		☐ RSATF (55)		lealth Clinic (72)
☑ Office (11)		☐ ER Hosp (23)			☐ PRTF (56)	☐ Other F	OS (99)
✓ Home (12)		☐ Amb Surg Ctr (24)			✓ Non-Residential S		
☐ ALF (13)		☐ MTF (26)	☐ Inpt P		Treatment Cntr (5	7)	
☐ Group Home (14	4)	☐ SNF (31)	☐ PF-PH	P (52)	☐ CIRF (61)		
MODIFIER			UNIT			DURATIO	
	HM	□ SA	☐ Encou	ınter	☐ 1 Hour	-	: 15 minutes
	HN	□ TD	☐ Day		☐ 3 Hours	Maximum	ı: N/A
	НО	□ TE	☑ 15 Mi				
] HP	☐ TF		D MODE(S) OF D			
	I HQ	□TG	☑ Face-t		☑ Group (HQ)	✓ Telement	
	HR	□UK		Conference		☐ Teleco	nference
	HS	□ 22	☐ Telepl		✓ On-Site		
] HT	□ 52	☑ Individ	dual	☑ Off-Site		
MINIMUM STAFF I	REQU						
☐ Peer Specialist		☐ APRN (SA)			vention Specialist	☐ MD/DO (AF	:)
☐ Less than Bache	lor's	☐ LAC/LCSW (AJ)/LMFT/L			EdD/PhD/PsyD (AH)	☐ QMAP	
Level (HM)		☐ Unlicensed EdD/PhD/P		□ CAC I		☐ Treatment	•
☐ LPN/LVN (TE)		☐ Unlicensed Master's Le	, ,	☐ CAC II		✓ Interpreter	
☐ Bachelor's Level	ı (HN)	☐ Licensed non-physiciar	1			Hard Hearing	
☐ Psych. Tech		practitioner (NPP)		□ NP (SA)		☐ Dentist (on	ly for SBIRT
☐ RN (TD)				□ PA		codes)	
☐ RxN (SA)							

CASE MANAGEMENT SERVICES							
CPT®/HCPCS PROCEDUR	E CODE		PROCEDURE CODE DESCRIPTION USAGE				USAGE
	T1016*		Case manage	ment, each 15	minute	es	☑ Medicaid☑ OBH
SERVICE DESCRIPTION			MINIMUM D	OCUMENTATI	ON REC	QUIREMENTS	
Services designed to assist access to needed medical services. Case management of the services of the service needs, completing relations information from othe service plan development of address client needs identifying a course of referral and related according initial appoint providers/informing client and telephone number working with client/services, including componitments/services. Monitoring and following and monitoring progress.	MINIMUM DOCUMENTATION REQUIREMENTS Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties						
* Please do not use until	further direction from	n the State					
NOTES	Turtifier direction from	Time State	EXAMPLE AC	TIVITIES			
Case management involves linking the client to the direct delivery of needed services, but is not itself the direct delivery of a service to which the client has been referred. Case management does not include time spent transporting the client to required services/time spent waiting while the client attends a scheduled appointment. However, it includes time spent participating in an appointment with the client for purposes of referral and/or monitoring and follow-			 Assessing the need for service, identifying and investigating available resources, explaining options to client and assisting in application process Contact with client's family members for assistance helping client access services Care Coordination between other service agencies, healthcare providers 				
up. APPLICABLE POPULATION	N(S)		UNIT			DURATION	
	oung Adult 🗵 Ad 20) 🗵 Ge	lult (21-64) eriatric (65+)	☐ Encounter ☐ Day	✓ ☑ 15 Mir ☐ 1 Hour		Minimum: N/A Maximum: N/A	
☑ Face-to-Face ☐ ☑ Video Conf (GT) ☐ ☑ Telephone ☐	☑ Individual □ Group (HQ) ☑ Family (HR/HS)		SP (HE) ☐ Other SP (☐Residentia) ☐ HF (2 nd mo	TG) (SC)	⊠ IC ⊠ A(M (SK) CT (HK)	区 Voc (HJ) 区 Clubhouse (HB) 区 Recovery (TS) 区Prev/El (HT)
STAFF REQUIREMENTS							
□ Peer Specialist ☑ Bachelor's Level (HN) ☑ Intern	☑ Unlicensed Master's Level (HO) ☑ LAC/LCSW (AJ)/ LSW/ LMFT/ LPC	☑ Unlicense PhD/PsyD (H ☑ Licensed E (AH)		□ QMAP	⊠ RN	I (TD)	E Rxn (SA) E PA (PA) E MD/DO (AF)
PLACE OF SERVICE (POS)							
포 CMHC (53) 포 Office (11) 포 Mobile Unit (15) 포 Outo Hospital(22)	☑ ACF (13)☑ Cust Care (33)☑ Grp Home (14)☑ Home (12)	☑ Hospice (34)☑ ICF-MR (54)☑ NF (32)☑ PRTF (56)	≥ S1	nelter (04) NF (31) QHC (50)	⊠ Inp	(23) (23)	□ Prison/CF (09) ☑ School (03) ☑ Other POS (99)

CASE MANAGEMENT SERVICES						
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
T1017	Targeted case management, each 15 minutes	☑ Medicaid☑ OBH				
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS					
Services designed to assist and support a client, identified as eligible ("targeted") under the State Medicaid Plan, to gain access to needed medical, social, educational, and other services as well as provide care coordination and care transition services. Case management includes: • Assessing service needs – client history, identifying client needs, completing related documents, gathering information from other sources; • Service plan development – specifying goals and actions to address client needs, ensuring client participation, identifying a course of action; includes transition plan development • Referral and related activities to obtain needed services – arranging initial appointments for client with service providers/informing client of services available, addresses and telephone numbers of agencies providing services; working with client/service providers to secure access to services, including contacting agencies for appointments/services after initial referral process; and • Monitoring and follow-up – contacting client/others to ensure client is following the agreed upon service or	Technical Documentation Requirements See Page 253 Service Content 1. The reason for the visit/call. What was the intended goal or agenda? How does the service relate to the treatment plan? 2. Description of the service provided (specify issues addressed (adult living skills, family, income/ support, legal, medication, educational, housing, interpersonal, medical/dental, vocational, other basic resources) 3. The services utilized and the individual's response to the services (includes assessing service needs, service plan development, referral, and monitoring/follow-up, which includes care coordination) 4. How did the service impact the individual's progress towards goals/objectives? 5. Plan for next contact(s) including any follow-up or coordination needed with 3 rd parties					
transition plan and monitoring progress and impact of plan. NOTES	EXAMPLE ACTIVITIES					
Case management involves linking the client to the direct delivery of needed services, but is not itself the direct delivery of a service to which the client has been referred. Case management does not include time spent transporting the client to required services/time spent waiting while the client attends a scheduled appointment. However, it includes time spent participating in an appointment with the client for purposes of referral and/or monitoring and follow-up. For Services provided at a Crisis Service Site include the modifier ET in fields 2 through 4.	 Assessing the need for service, identifying and investigating available resources, explaining options to client and assisting in application process Contact with client's family members for assistance helping client access services Care Coordination between other service agencies, healthcare providers Development and follow-up of a transition plan from the hospital to outpatient services 					
See Appendix I for examples of Case Management APPLICABLE POPULATION(S)	UNIT DURATION					
⊠ Child (0-11) ⊠ Young Adult ⊠ Adult (21-64) Adol (12-17) (18-20) ⊠ Geriatric (65+) ALLOWED MODE(S) OF DELIVERY	☐ Encounter ☑ 15 Minutes ☐ Minimum: N/A☐ Day ☐ 1 Hour ☐ Maximum: N/A☐ PROGRAM SERVICE CATEGORY(IES)					
 ☑ Face-to-Face ☑ Video Conf (GT) ☑ Group (HQ) ☑ Telephone ☑ Family (HR/HS) 	☐ Other SP (TG) ☐ ACT (HK) ☐ Residential (SC) ☐ Respite (SV)	Voc (HJ) Clubhouse (HB) Recovery (TS) Prev/El (HT)				
STAFF REQUIREMENTS						
☐ Peer Specialist	D (HP) ☐ QMAP ☐ LPN/LVN (TE) ☐ RXN (SA) RN (TD) ☐ PA (PA) RD (PD) (SA) ☐ MD/DO (SA)					
PLACE OF SERVICE (POS)						
☑ CMHC (53) ☒ ACF (13) ☒ Hospice (3 ☒ Office (11) ☒ Cust Care (33) ☒ ICF-MR (54 ☒ Mobile Unit (15) ☒ Grp Home (14) ☒ NF (32) ☒ Outp Hospital(22) ☒ Home (12) ☒ PRTF (56)	4) 図 SNF (31) 図 Inpt PF (51) 図 EQHC (50) 図 ER (23)	Prison/CF (09) School (03) Other POS (99)				

Uniform Service Coding Standards Manual 2015

SOCIAL/AMBULATORY DETOXIFICATION SERVICES							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualize plan of treatment (code may not be used to identify services provided by home health aide or CNA)						
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
Provision of daily living needs including hydration, nutrition, cleanliness and toiletries for client. Services designed to maintain the safety and health of the client, which will generally be similar for all clients.	Technical Documentation Requirements See Page 253 1. Service Content: Client's identified personal care service needs, as reflected in the service plan 2. Outcome/plan, indicating any changes in personal care services needed, based on client's presentation/needs.						
NOTES	EXAMPLE ACTIVITIES						
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.							
APPLICABLE POPULATION(S)	UNIT DURAT						
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☐ Encounter ☐ 15 Minutes ☐ Minimum: N/A ☐ Day ☐ 1 Hour ☐ Maximum: N/A						
ALLOWED MODE(S) OF DELIVERY	Program Service Category						
 ☑ Face-to-Face ☑ Video Conference (GT) ☐ Group (HQ) ☐ Telephone ☐ Family (HR/HS) 	SP (HE) Other SP (TG) Residential (SC) □ Respite (SY) □ Respite (SY)	☐ Voc (HJ) ☐ Clubhouse (HB) ☐ Recovery (TS) ☐ Prev/El (HT)					
STAFF REQUIREMENTS							
☐ Peer Specialist ☐ Less than Bachelor's Level (HM) ☐ Bachelor's Level (HN) ☐ Intern ☐ Unlicensed ☐ Unlicensed ☐ Master's Level (HO) ☐ LAC/LCSW ☐ Licensed ☐ PhD/PsyD ☐ LAC/LCSW ☐ Licensed ☐ LAC/LCSW ☐ Licensed ☐ PhD/PsyD ☐ LAC/LCSW ☐ Licensed ☐ Lac/LCSW ☐ Licensed ☐ Lac/LCSW ☐ Licensed ☐ Lac/LCSW ☐ Lac/LCSW ☐ Licensed ☐ Lac/LCSW ☐ Lac/LCSW ☐ Licensed ☐ Lac/LCSW ☐ Lac/LCS	(HP) ⊠CAC I ⊠ RN (TD) d ⊠CAC II ⊠ APRN (SA)	⊠RxN (SA) ⊠ PA (PA) ⊠ MD/DO(AF)					
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (3 ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☒ Outp Hospital(22) ☐ Home (12) ☐ PRTF (56)		☐ Prison/CF (09) ☐ School (03) ☐ NRSATF (57) ☐ Other POS (99)					

SOCIAL/AMBULATORY DETOXIFICATION SERVICES							
CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE					
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	☑ Medicaid ☑ OBH					
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS						
A preliminary screening procedure limited in nature and intended to merely indicate whether there is a probability that a mental health and/or substance use related problem is present. Screening may be accomplished using a structured interview or a formal standardized screening tool that is culturally and age relevant. Considers client's motivation and need for further treatment and notes steps taken to connect them to appropriate services upon discharge.	Technical Documentation Requirements See Page 253 Service Content: 1. Screening addresses, at minimum:						
NOTES	EXAMPLE ACTIVITIES						
Facility must be licensed by the Colorado Department of Human Services, Office of Behavioral Health as an OBH Provider.							
APPLICABLE POPULATION(S)	UNIT DURATIO	N					
☐ Child (0-11) ☑ Young Adult ☑ Adult (21-64) ☑ Adol (12-17) (18-20) ☑ Geriatric (65+)	☑ Encounter☐ 15 Minutes☐ Day☐ 1 HourMaximun	·					
ALLOWED MODE(S) OF DELIVERY	Program Service Category						
☑ Face-to-Face☑ Individual☐ Video Conference (GT)☐ Group (HQ)☐ Telephone☐ Family (HR/HS)	☑ SP (HE) ☐ ICM (SK) ☐ Clubho ☐ Other SP (TG) ☐ ACT (HK) ☐ Recove ☐ Respite (SY) ☐ Prev/E	ouse (HB) ery (TS)					
STAFF REQUIREMENTS							
✓ Less than Bachelor's Master's Level (HO) PhD/Psyl Level (HM) ✓ LAC/LCSW ✓ Licens ✓ Bachelor's Level (HN) ✓ LAC/LCSW ✓ Licens ✓ Intern EdD/PhD	D (HP) Sed CAC II RN (TD) Sed	RxN (SA) PA (PA) MD/DO(AF)					
PLACE OF SERVICE (POS)							
☑ CMHC (53) ☐ ACF (13) ☐ Hospice (34) ☐ Office (11) ☐ Cust Care (33) ☐ ICF-MR (54) ☐ Mobile Unit (15) ☐ Grp Home (14) ☐ NF (32) ☒ Outp Hospital(22) ☐ Home (12) ☐ PRTF (56)	□ SNF (31) □ Inpt PF (51) □ FQHC (50) □ ER (23) □	Prison/CF (09) School (03) NRSATF (57) Other POS (99)					

Support Services					
CPT ®/HCPCS PROCEDURE CODE PROCEDURE CODE DESCRIPTION	USAGE				
T1027 Family Training and counseling for child	☐ Medicaid				
development / per 15 minutes	⊠ OBH				
SERVICE DESCRIPTION MINIMUM DOCUMENTATION REQUIREMENTS					
A non-medical educational visit with family members, • Date of service					
either as a group, pair or individually, conducted by a • Start and stop time (duration)					
health professional to provide skill enhancement linked to • Description of service rendered					
the care and development of children. • Description of development skill needed and typ	e of				
suggestion/training provided.					
Recommendations					
Signed with 1 st initial, last name & credentials					
NOTES EXAMPLE ACTIVITIES					
Providing child caregivers with educational concepts of					
children, including such things as motor skills, behavio	or, training,				
learning tools and social skills					
APPLICABLE POPULATION(S) Child (0.11)	io (GE 1)				
☐ Child (0-11) ☐ Adol (12-17) ☐ Young Adult (18-20) ☐ Adult (21-64) ☐ Geriatr PLACE OF SERVICE (POS)	IC (65+)				
☐ School (03) ☐ Mobile Unit (15) ☐ NF (32) ☐ CMHC (53) ☐ CORF (12)	52)				
	Health Clinic (71)				
	ealth Clinic (71)				
\square Office (11) \square ER Hosp (23) \square Indepndt Clinic (49) \square PRTF (56) \square Other F					
☐ Home (12) ☐ Amb Surg Ctr (24) ☐ FQHC (50) ☐ Non-Residential SA	65 (55)				
\square ALF (13) \square MTF (26) \square Inpt PF (51) Treatment Cntr (57)					
☑ Group Home (14) ☐ SNF (31) ☑ PF-PHP (52) ☐ CIRF (61)					
MODIFIER UNIT DURATIO	N				
☑ AF ☐ HM ☑ SA ☐ Encounter ☐ 1 Hour Minimum	: 15 Minutes				
☑ AH ☑ HN ☑ TD ☐ Day ☐ 3 Hours Maximum	ı: N/A				
☐ HA ☑ HO ☑ TE ☑ 15 Minutes					
☐ HB ☐ HP ☐ TF ALLOWED MODE(S) OF DELIVERY					
☐ HC ☐ HQ ☐ TG ☐ Face-to-Face ☐ Group (HQ) ☐ Teleme	edicine				
☐ HD ☐ HR ☐ UK ☐ Video Conference ☑ Family ☐ Telecon	nference				
☐ HG ☐ HS ☐ 22 ☐ Telephone ☑ On-Site					
☐ HH ☐ HT ☐ 52 ☑ Individual ☑ Off-Site					
MINIMUM STAFF REQUIREMENTS					
☐ Peer Specialist ☐ APRN (SA) ☐ Cert Prevention Specialist ☐ MD/DO (A	AF)				
☐ Less than Bachelor's ☐ LAC/LCSW (AJ)/LMFT/LPC ☐ Licensed EdD/PhD/PsyD (AH) ☐ QMAP	r Facilia.				
Level (HM) ✓ Unlicensed EdD/PhD/PsyD (HP) □ CAC I ☑ Treatment ✓ LPN/LVN (TE) ✓ Unlicensed Master's Level (HO) ☑ CAC II □ Interprete	,				
☐ Bachelor's Level (HN) ☐ Licensed non-physician ☐ CAC III ☐ Hard Hearing	r for Deaf and				
☐ Psych. Tech practitioner (NPP) ☐ NP (SA) ☐ Dentist (o					
\square RN (TD) \square PA codes)	iny for Junti				
☑ RxN (SA)					

Support Services							
CPT ®/HCPCS PRO	CEDU	RE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE
		T1999		Miscellaneous	therapeutic items and	supplies	☐ Medicaid
		11999		(initiatives)			⊠ OBH
SERVICE DESCRIPT	TION			MINIMUM DO	CUMENTATION REQU	IREMENTS	
Providing nominal	l items	to aid in the treatment and		 Date of se 	ervice		
development of th	ne pati	ent, as related to making the	:	 Description 	on of service rendered		
rehabilitation expe	erience	e more seamless and less stro	essful.	 Signed wit 	th 1st initial, last name	& credentials	
NOTES				EXAMPLE ACTI	IVITIES		
				Such items cou	ıld include journals and	d writing tools fo	or patients to
				log their develo	opment and concerns,	literature of an	educational
				nature to cope	with anxiety or inspira	ational literature	e for
				overcoming ch	allenging situations.		
APPLICABLE POPU	JLATIC	• •					
✓ Child (0-11)		☑ Adol (12-17)		Adult (18-20)	☑ Adult (21-64)		c (65+)
PLACE OF SERVICE	E (POS						
✓ School (03)		☑ Mobile Unit (15)	☑ NF (32)	☑ CMHC (53)	\Box CORF (6	52)
☑ Shelter (04)		☑ Temp Lodge (16)	✓ Cust C	are (33)	☑ ICF-MR (54)	☐ Public H	lealth Clinic (71)
☐ Prison/CF (09)		☐ Urgent Care (20)	☑ Hospic		□ RSATF (55)		ealth Clinic (72)
☑ Office (11)		☑ ER Hosp (23)	☐ Indepndt Clinic (49		☑ PRTF (56)	☑ Other P	OS (99)
☑ Home (12)		☐ Amb Surg Ctr (24)			☑ Non-Residential Sales	A	
☑ ALF (13)		☐ MTF (26)	☑ Inpt Pf	` '	Treatment Cntr (5	7)	
☑ Group Home (1	.4)	☑ SNF (31)	☑ PF-PHP (52) ☐ CIRF (61)				
MODIFIER			UNIT			DURATIO	
	☑ HM	☑ SA	☑ Encou	nter	☐ 1 Hour	Minimum	•
	☑ HN	☑ TD	\square Day		☐ 3 Hours	Maximum	: N/A
	☑ HO	☑ TE	☐ 15 Mir				
	☑ HP	□ TF		D MODE(S) OF D			
	∃HQ	□TG	☑ Face-t		☐ Group (HQ)	☐ Teleme	
	∃HR	□UK		Conference	☐ Family	☐ Telecor	nference
_	∃HS	□ 22	☐ Teleph		☑ On-Site		
	☐ HT	□ 52	✓ Individ	lual	☑ Off-Site		
MINIMUM STAFF	REQU						
☑ Peer Specialist		✓ APRN (SA)			ntion Specialist	☑ MD/DO (AF)
☑ Less than Bache	elor's	☑ LAC/LCSW (AJ)/LMFT/L			dD/PhD/PsyD (AH)	☐ QMAP	
Level (HM)			☑ CAC I		☑ Treatment I	,	
☑ LPN/LVN (TE)		☑ Unlicensed Master's Le		☑ CAC II		☐ Interpreter	tor Deat and
☑ Bachelor's Leve	ei (HN)	☐ Licensed non-physician	l	☑ CAC III		Hard Hearing	6 0015-
☐ Psych. Tech		practitioner (NPP)		☑ NP (SA)		☐ Dentist (onl	y for SBIRT
☑ RN (TD)				□ PA		codes)	
☑ RxN (SA)							

ffective: July 1, 2014

Support Services						
CPT ®/HCPCS PROCEDU	JRE CODE		PROCEDURE C	ODE DESCRIPTION		USAGE
	T2001		Non-emergend	Non-emergency transportation ☐ Medicaid ☑ OBH		
SERVICE DESCRIPTION			MINIMUM DO	CUMENTATION REQU	IREMENTS	
Providing transportation service for those who are not able to reach their destination independently, be it for competency issues, age of patient, or unavailability of means to reach destination.			MINIMUM DOCUMENTATION REQUIREMENTS Date of service Start and stop time (duration) Description of service rendered Reason for transportation Origin of pick up and destination Purpose of transportation to destination Signed with 1st initial, last name & credentials			
NOTES			EXAMPLE ACT	IVITIES		
APPLICABLE POPULATI	ON(S)					
☑ Child (0-11)	✓ Adol (12-17)	✓ Young	g Adult (18-20)	✓ Adult (21-64)	☑ Geriatr	ic (65+)
PLACE OF SERVICE (PO	S)					
School (03)	☐ Mobile Unit (15) ☐ Temp Lodge (16) ☐ Urgent Care (20) ☐ ER Hosp (23) ☐ Amb Surg Ctr (24) ☐ MTF (26) ☐ SNF (31) ☐ SA ☐ TD ☐ TE ☐ TF ☐ TG ☐ UK ☐ 22	☐ FQHC☐ ☐ Inpt P☐ PF-PH☐ UNIT☐ ☐ Encou☐ Day☐ 15 Mi☐ ALLOWE☐ ☐ Face-t☐ Video☐ ☐ Telepl☐ ☐ Telepl☐ ☐ Telepl☐ ☐ Input Power ☐ ☐ Telepl☐ ☐	Care (33) ce (34) ndt Clinic (49) (50) F (51) P (52) Inter nutes D MODE(S) OF I co-Face Conference hone	☐ Group (HQ) ☐ Family ☐ On-Site	☐ Rural H ☐ Other F A (77) DURATIO 1 trip, len destinatio destinatio ☐ Teleme ☐ Teleco ☑ Mecha	N gth necessary to on and/or from on edicine necessary and non-
☐ HH ☐ HT	☐ 52	☐ Indivi	dual	☐ Off-Site	mechaniz	ed vehicles
MINIMUM STAFF REQU ✓ Peer Specialist	JIREMENTS ☑ APRN (SA)		☐ Cert Pres	vention Specialist	☐ MD/DO (AF	:1
✓ Less than Bachelor's Level (HM) ✓ LPN/LVN (TE) ✓ Bachelor's Level (HN ✓ Psych. Tech ✓ RN (TD) ✓ RxN (SA)	☑ LAC/LCSW (AJ)/LMFT/L ☑ Unlicensed EdD/PhD/P ☑ Unlicensed Master's Le	syD (HP) evel (HO)		EdD/PhD/PsyD(AH)	☑ QMAP ☐ Treatment ☐ Interpreter Hard Hearing ☐ Dentist (on codes)	Facility for Deaf and

II.F.1. Assessment Services

Assessment Services are the process, both initial and ongoing, of collecting and evaluating information about a client for developing a profile on which to base service planning and referral.⁸⁵ An Assessment is also a diagnostic tool for gathering the information necessary in the Assessment Services process.

For Assessment Services (with the exception of Treatment Planning), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes that are not covered under the Colorado Medicaid Community Behavioral Health Services Program may be reported when those services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). The following ICD-9-CM diagnosis codes should be reported for Assessment Services, Crisis/Emergency and Prevention/Early Intervention services only:

Non-Covered Diagnosis Code	for Assessment, Crisis/Emergency a	nd Prevention/Earl	y Intervention Services Only

Code	Description
799.9	Undiagnosed disease, not specified as to site or system involved
V71.09	Observation for other suspected mental condition
^a Used when persons without a diagnosis are suspected of having an abnormal condition, without signs or	

^a Used when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist.⁸⁶

II.F.1.A. Assessment/Diagnosis

A behavioral health (BH) assessment is an evaluation of a client's medical, psychological, psychiatric, and/or social condition to determine the presence of and/or diagnose a mental illness (MI) and/or substance-related disorder, and to establish a treatment/service plan for all medically necessary behavioral health (BH) treatment services.

Assessment Services –Assessment/Diagnosis		
Procedure Code	Procedure Code Description	Usage
90791	Psychiatric diagnostic evaluation	Medicaid/OBH
90792	Psychiatric diagnostic evaluation with medical services	Medicaid/OBH
H0001	Alcohol and/or Drug Assessment	Medicaid/OBH
H0031	Mental health assessment, by a non-physician	Medicaid/OBH
H1000	Prenatal Care, At Risk Assessment	OBH
H1011	Family assessment by a licensed behavioral health professional for State defined	Medicaid/OBH
	purposes	
H2000	Comprehensive multidisciplinary evaluation	Medicaid/OBH

II.F.1.B. Assessment/Management

A behavioral health (BH) assessment is an evaluation of a client's medical, psychological, psychiatric, and/or social condition to determine the presence of and/or diagnose a mental illness (MI) and/or substance-related disorder, and to establish a treatment/service plan for all medically necessary behavioral health (BH) treatment.

Assessment Services – Assessment/Management		
Procedure Code	Procedure Code Description	Usage
98966	Telephone assessment and management provided by qualified non-physician health care professional.	Medicaid/OBH
98967	Telephone assessment and management provided by qualified non-physician health care professional.	Medicaid/OBH
98968	Telephone assessment and management provided by qualified non-physician health care professional.	Medicaid/OBH

II.F.1.C. Psychological Testing

Psychological Testing is the assessment of a client's cognitive and/or neuropsychological, intellectual, academic, behavioral, emotional and personality functioning for evaluation, diagnostic or therapeutic purposes, using standardized psychological tests and measures, including interpretation of results and report preparation. A Licensed Psychologist, or a Technician under the supervision of a Licensed Psychologist, administers psychological and/or neuropsychological testing. Testing includes the use of a wide range of reliable and valid, standardized, projective and objective measures for the assessment of personality, psychopathology, affect, behavior, intelligence, abilities and disabilities, etc. Individuals licensed, registered or regulated by the State must meet minimum professional preparation standards (i.e., education and experience) set forth in the Colorado Mental Health Practice Act⁸⁷ to administer, score or interpret psychometric or electrodiagnostic testing:

- Standardized personnel selection, achievement, general aptitude or proficiency tests
- Tests of general intelligence, special aptitudes, temperament, values, interests and personality inventories
- Projective testing, neuropsychological testing, or a battery of three or more tests to determine the presence, nature, causation or extent of psychosis, dementia, amnesia, cognitive impairment, influence of deficits on competence, and ability to function adaptively; determine the etiology or causative factors contributing to psychological dysfunction, criminal behavior, vocational disability, neurocognitive dysfunction, or competence; or predict psychological response(s) to specific medical, surgical and behavioral interventions
- Staff performing the testing needs to meet the qualifications and training necessary to administer and interpret the results: generally, this includes licensed or unlicensed PhD/PsyD or interns in doctoral psychology programs.

Assessment Services – Psychological Testing		
Procedure Code	Procedure Code Description	Usage
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, Rorschach, WAIS), per hour of the licensed psychologist'stime, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Medicaid/OBH
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology; e.g., MMPI, WAIS), with	Medicaid/OBH

	qualified health care professional interpretation and report, administered by	
	technician, per hour of technician time, face-to-face.	
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g., MMPI and WAIS), administered by a computer, with qualified health care professional interpretation and report.	Medicaid/OBH
96120	Neuropsychological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report.	Medicaid/OBH
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning, and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the licensed psychologist's time, both face-to-face time with the patient and time interpreting test results and preparing the report	Medicaid/OBH
96118	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), per hour of the licensed psychologist'stime, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report	Medicaid/OBH
96119	Neuropsychological testing (e.g., Halstead–Reitan Neuropsychological Battery Wechsler Memory Scales, and Wisconsin Card Sorting test), with qualified health care professional interpretation and report, administered by a technician, per hour of technician time, face-to-face	Medicaid/OBH
90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist client	Medicaid/OBH

II.F.1.D. Screening

II.F.1.D.1. Behavioral Health Screening

Behavioral health screening is provided to address the needs of those seeking behavioral health (BH) treatment services (typically via telephone) in a timely manner. This brief assessment involves an initial appraisal of an individual's need for services. If there are sufficient indications of a mental illness (MI) and/or substance-related disorder, further diagnostic assessment is warranted to determine the individual's eligibility for admission to behavioral health (BH) treatment services, as well as appropriate referrals and preliminary recommendations.

Assessment Services – Behavioral Health Screening		
Procedure Code	Procedure Code Description	Usage
H0002	Behavioral health screening to determine eligibility for admission to treatment	Medicaid/OBH
	program	

II.F.1.D.2 Substance Use Screening

Substance use screening can consist of two separate activities, depending upon its purpose. When used as a part of treatment, screening services are often performed through specimen collection to test for the presence of alcohol and/or drugs. Results are discussed with the client during a substance abuse counseling session. Screening is also used to identify individuals whose substance use may put them at increased risk for health problems or other substance use related problems. Providers use a screening tool to obtain information about a client's substance use behaviors, which assists providers in identifying people who may need further assessment of their substance use and related issues. Screenings often provide patients with personal feedback about their increased risks due to substance use and may identify problems that can prompt individuals to change their substance use behavior.

Assessment Services – Substance Use Screening		
Procedure Code	Procedure Code Description	Usage
80101	Drug Screen, Qualitative; single drug class method (e.g., immunoassay, enzyme assay), each drug class	ОВН
82075	Alcohol (ethanol); Breathalyzer	
H0003	Alcohol and/or Drug Screening; laboratory analysis of specimens for presence of alcohol and/or drugs	ОВН
H0048	Alcohol and/or Other Drug Testing; collection and handling only, specimens other than blood	ОВН

II.F.1.E. Treatment/Service Planning

Treatment/Service Planning is the formulation and implementation of an individualized, integrated, comprehensive written treatment/service plan designed with the purpose of promoting the client's highest possible level of independent functioning and to reduce the likelihood of hospitalization/re-hospitalization or restrictive confinement.⁸⁸

Assessment Services – Treatment/Service Planning		
Procedure Code	Procedure Code Description	Usage
H0032	Mental health service plan development by non-physician	Medicaid/OBH

II.F.2. Case Management (CM) Services

Case Management (CM) Services are defined as "services provided through a licensed community mental health center (CMHC) or clinic by a licensed/qualified non-physician practitioner or physician." The term "case management service" means services which will assist individuals eligible under the state Medicaid Plan in gaining access to needed (medically necessary) medical, social, educational, and other services'. Case Management services are designed to:

- Assessment of an eligible individual for the purposes of medically necessary services.
- Service Plan development and coordinate the efforts of all services and supports to address client needs, identification of a course of action and ensuring client participation in the achievement of goals.
- Refer and link the individual to necessary medical, social, educational, and other services.
- Monitor and provide follow-up to evaluate the impact of services and supports in assisting the Individual to reach their recovery goal and/or the objectives that are the steps towards achieving the goal(s).

Case management services are person-centered meaning they are designed to assist the Individual to plan their life and supports, to increase their personal self-determination, and improve their own independence. Case management services must include one or more of the following four services in order to be Medicaid eligible: (See Appendix I for further examples.)

Assessment of service needs:

- Activities/Interventions to gather/confirm information coming from the Individual, family and other sources in order to develop a comprehensive assessment of the Individual's need for services and natural or community supports.
- Determining with the Individual /Family /Supports their ability to access and effectively link to these services and supports on their own and what type of help they will need, including how intensely and for how long case management services will be needed.
- Assisting the Individual and their Family/Supports in understanding what case management services are
 including their limitations so that they can better participate in the case management assessment and service
 planning process.

Service plan development:

- Prioritizing with the Individual and their Family/Supports the referrals and linkages needed so the service plan
 reflects the case management assessment. As a result of the assessment, the case management plan will have a
 timeline for referral and linkage as well as the expected outcomes of the interventions.
- Developing, in conjunction with the Individual, a list of agreed upon case management interventions that will be used to help the Individual successfully link to services and supports.
- Develop with the Individual and Family/Supports the role of the persons providing case management services in coordinating care among treatment providers, other services, and natural/community supports.
- Develop with the Individual an agreed upon structure for regular meetings with the person(s) providing case management services to review progress and determine necessary changes to the service plan.

Referral and related activities to obtain needed services:

- Ensuring where necessary that all treatment providers to whom the client will be linked are aware of the
 Individual's recovery goal and objectives and agree to support the recovery goals in delivering their services or
 supports.
- Arranging initial and subsequent appointments for services and supports listed in the service plan.
- Assisting the Individual in getting ready for appointments so that they are effective and promote progress toward the agreed upon recovery goal.
- Assisting the Individual in arranging transportation to appointments and where necessary, supports to accompany the Individual. However, providing transportation itself is not considered Case Management.
- Ensuring that the Provider/Support has the information needed to effectively conduct the appointment or to conduct the support and to link with the Individual for follow-up and coordination of care.
- Follow-up post appointments to ensure that the person providing case management services understands any changes or recommendations to treatment or to the content of the supports that will be provided and that this information is also understood and able to be acted on effectively by the Individual/Family/ Supports.

Monitoring and follow-up:

- Meeting via phone or face to face (all services can take place face-to-face or via phone) on a regularly scheduled basis with the individual and their Family/Supports to ensure that services are being provided according to the treatment plan, that the individual believes they are effective, and wishes to continue according to the current service plan to insure the client is getting the services they need.
- Talking/meeting with Providers and Supports, with or without the Individual present, to coordinate care, assess the effectiveness of service, progress of the Individual towards goals and objectives on any treatment plan, and soliciting ideas for changes that will allow for more rapid progress towards the Individual's recovery goals.

 Again, the overall purpose of these activities is to insure the client is getting the services they need.

Case Management does not include the following:

- Case management activities that are an integral component of another covered Medicaid service.
- Direct delivery of medical, educational, social or other services to which a Medicaid eligible client has been referred.
- Activities integral to the administration of foster care programs.
- Activities, for which a Medicaid eligible client may be eligible, but are integral to the administration of another non-medical program.

Case Management Services		
Procedure Code	Procedure Code Description	Usage
H0006	Alcohol and/or Drug Services; Case Management	Medicaid/OBH
H1002	Care Coordination Prenatal/Case Management	OBH
T1016	Case management, each 15 minutes (Do not use per State)	Medicaid/OBH
T1017	Targeted case management, each 15 minutes	Medicaid/OBH

II.F. 3. Peer Support/Recovery Services

Peer Support/Recovery Services are "designed to provide choices and opportunities for adults with serious mental illnesses (SMIs), youth with serious emotional disturbances (SEDs), or individuals with substance use disorders. Recovery-oriented services promote self-management of psychiatric symptoms, relapse prevention, treatment choices, mutual support, enrichment, and rights protection. Peer Support/Recovery Services also provide social supports and a lifeline for individuals who have difficulties developing and maintaining relationships. These services can be provided at schools, churches or other community locations. Most recovery services are provided by behavioral health (BH) peers or family members, whose qualifications are having a diagnosis of mental illness (MI) or substance use or being a family member of a person with mental illness (MI) and/or substance use." ⁸⁹ Peer Support/Recovery Services include:

- Peer counseling and support services
- Peer-run drop-in centers
- Peer-run employment services
- Peer mentoring for children and adolescents
- Bipolar Education and Skills Training (BEST) courses
- National Alliance on Mental Illness (NAMI) courses
- Wellness Recovery Action Plan (WRAP) groups
- Client and family support groups
- Warm lines
- Advocacy services

Peer Support / Recovery Services		
Procedure Code	Procedure Code Description	Usage
H0038	Self-help/peer services, per 15 minutes	Medicaid/OBH
H1003	Prenatal Care, at Risk Enhanced Service, Education	OBH
H2015	Comprehensive community support services, per 15 minutes	Medicaid/OBH
H2016	Comprehensive community support services, per diem	Medicaid/OBH
T1009	Child Sitting Services for the children of the individual receiving Alcohol and/or	OBH
11009	Substance Abuse Services	
T1010	Meals for Individuals receiving Alcohol and/or Substance Abuse Services	OBH
T1013	Sign Language or Oral Interpreter for Alcohol and/or Substance Abuse Services	OBH
T1027	Family Training and Counseling for Child Development /per 15 minutes	OBH
T1999	Miscellaneous Therapeutic Items and Supplies	OBH
T2001	Non-emergency Transportation	OBH

II.F.4. Prevention/Early Intervention Services

Prevention and Early Intervention Services include "screening and outreach to identify at-risk populations, proactive efforts to educate and empower Members to choose and maintain healthy life behaviors and lifestyles that promote mental and behavioral health (BH). Services can be population-based, including proven media, written, peer, and group interventions, and are not restricted to face-to-face interventions." ⁹⁰ Prevention and Early Intervention Services include:

- Mental health (MH) screenings
- Nurturing Parent Program
- Educational programs (safe and stable families)
- Senior workshops (common aging disorders)
- "Love and Logic" (healthy parenting skills)
- CASASTART (children at high risk for substance abuse (SA), delinquency, and academic failure

For Prevention and Early Intervention services, International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes that are not covered under the Colorado Medicaid Community Behavioral Health Services Program may be reported when those services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). The following ICD-9-CM diagnosis codes should be reported for Assessment Services, Crisis/Emergency and Prevention/Early Intervention services only:

Non-Covered Diagnosis Codes for Assessment, Crisis/Emergency and Prevention/Early Intervention Services Only Code Description

Code	Description
799.9	Undiagnosed disease, not specified as to site or system involved
V71.09	Observation for other suspected mental condition

^a Used when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist. ⁹¹

II.F.4.A. Outreach Services

Prevention/Early Intervention Services – Outreach Services				
Procedure Code	Procedure Code			
H0023	Behavioral healt outreach service (planned approach to reach a population)	Medicaid/OBH		

II.F.4.B. Education Services

Prevention/Early Intervention Services – Education Services				
Procedure Code	Usage			
H0025	Behavioral health prevention education service (delivery of services to affect knowledge, attitude and/or behavior)	Medicaid/OBH		
S9453	Smoking cessation classes, non-physician provider, per session	Medicaid/OBH		
S9454	Stress management classes, non-physician provider, per session	Medicaid/OBH		

II.F.4.C. Substance Use Prevention Services

Substance use prevention services are targeted towards individuals before they develop an alcohol and/or drug use disorder. Prevention programs promote constructive lifestyles and norms that discourage alcohol and/or drug usage.

Prevention/Early Intervention - Substance Use Prevention Services			
Procedure Code	Usage		
H0021	Alcohol and/or Drug Training Service (for staff and personnel not employed by providers)	ОВН	
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non-Direct Contact with service audiences to affect knowledge and attitude)	ОВН	
H0026	Alcohol and/or Drug Prevention Process Service, Community-based (delivery of services to develop skills of impactors)	ОВН	
H0027	Alcohol and/or Drug Prevention Environmental Service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	ОВН	
H0028	Alcohol and/or Drug Prevention Problem Identification and Referral Service (e.g. student assistance and employee assistance programs), does not include assessment	ОВН	
H0029	Alcohol and/or Drug Prevention Alternatives Service (services for populations that exclude alcohol and other drug use e.g. alcohol free social events)	ОВН	

II.F.4.D. Substance Use Intervention Services

Substance use intervention services provide advice or counseling to individuals with minor or risky substance use disorders, and are also used to encourage individuals with a serious dependence problem to seek or accept a more intensive treatment regimen. Brief interventions can be provided within a primary care setting or screeners can refer someone to a specialized alcohol and / or drug treatment program. An intervention is an activity used to assist patients with recognizing that substance use is putting them at risk and to encourage them to change their behavior in order to reduce or discontinue their substance use.

Prevention/Early Intervention – Substance Use Intervention Services				
Procedure Code Procedure Code Description Usage				
H0007	Alcohol and/or Drug Services; Crisis Intervention (outpatient)	ОВН		
H0022	Alcohol and/or Drug Intervention Service (planned facilitation)	ОВН		
H0030	Hotline Services	ОВН		

II.F.5. Residential Services

Residential Services are 24-hour care, excluding room and board, provided in a non-hospital, non-nursing home (NH) setting." Residential Services are "appropriate for children, youth, adults and older adults whose mental health (MH) issues and symptoms are severe enough to require a 24-hour structured program, but do not require hospitalization." ⁹² Clinical interventions provided in residential settings include:

- Assessment and monitoring of mental and physical health status
- Assessment and monitoring of safety, including suicidal ideation and other behavioral health (BH) issues
- Assessment of level and quality of social interactions
- Assessment of/support for motivation for treatment
- Assessment of ability to provide for daily living needs

- Observation and assessment of group interactions
- Behavioral interventions to build effective social behaviors and coping strategies
- Behavioral interventions to reduce social withdrawal and inappropriate behavior or thought processes
- Individual psychotherapy
- Group psychotherapy
- Family psychotherapy
- Medication management

OBH allows for all services identified above. In addition, OBH provides for room and board for the "indigent population." In order for room and board services to be provided, all contractual indigent criteria must be met.

To identify the level of care for residential services, the following HCPCS procedure code(s) and modifier(s) are required:

Residential Procedure Codes & Modifiers					
Residential Service	HCPCS Modifier	LOC Modifier Description	Procedure Code	HCPCS Procedure Code Description	
Acute Treatment Unit (ATU)		(Acute LOC)	H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	
			H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	
All Other Residential Facilities	TF	Intermediate LOC	H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	
	TG	Complex/High- Tech LOC	H0018	Behavioral health; short-term residential (non-hospital residential treatment program), without room and board, per diem	
			H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	
	TF	Intermediate LOC	H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	
	TG	Complex/High- Tech LOC	H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	

II.F.5.A. Acute Treatment Unit (ATU)

Acute Treatment Units (ATUs) provide short-term psychiatric care (an average of three to seven days, but generally no longer than 30 days) to persons (age 18 and over) who do not require inpatient hospitalization but need intense and individualized services, such as crisis management and stabilization. ATUs provide 24-hour care in a therapeutically planned and professionally staffed environment consisting of a locked unit serving a maximum of 16 persons. ATUs are licensed by the Colorado Department of Public Health and Environment (CDPHE), Health Facilities and Emergency Medical Services Division, and granted a "27-10" designation by the Colorado Department of Human Services, Office of Behavioral Health (DHS-OBH).

Residential Services – Acute Treatment Unit (ATU)			
Procedure Code Procedure Code Description Usa			
H0017	Behavioral health; residential (hospital residential treatment program), without	Medicaid/OBH	
	room and board, per diem		

II.F.5.B. Alternative Care Facility (ACF)

Alternative care facility (ACF) is an assisted living residence (ALR) certified by the Colorado Department of Health Care Policy and Financing (HCPF) to receive Medicaid reimbursement for the services provided by the facility.⁹⁵

II.F.5.C. Assisted Living Residence (ALR)

Assisted Living Residence (ALR) is a residential facility that makes available to three (3) or more adults not related to the owner of such facility, either directly or indirectly through a resident agreement with the resident, room and board and at least the following services:

- Personal services
- Protective oversight
- Social care due to impaired capacity to live independently
- Regular supervision that is available on a 24-hour basis, but not to the extent that regular 24-hour medical or nursing care is required.⁹⁶

II.F.5.D. Group Home

Group Home is a 24-hour facility that provides behavioral health (BH) treatment for extended periods. Group Homes are licensed by the Colorado Department of Public Health and Environment (CDPHE) as personal care boarding homes, are associated with a community mental health center (CMHC), and are approved by the Colorado Department of Human Services, Office of Behavioral Health (DHS-OBH) as residential treatment facilities (RTF).

II.F.5.E. Psychiatric Residential Treatment Facility (PRTF)

Psychiatric Residential Treatment Facility (PRTF) is a licensed residential childcare facility (RCCF),⁹⁷ which is a facility other than a hospital that provides inpatient psychiatric services for clients under age 21, under the direction of a physician licensed by the State Board of Medical Examiners, in a residential setting. PRTFs must be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation

Facilities (CARF) or the Council on Accreditation of Services for Families and Children (COA), and have a current provider agreement with the Colorado Department of Health Care Policy and Financing (HCPF). 98, 99, 100

II.F.5.F. Residential Treatment Facility (RTF)

Residential Treatment Facility (RTF) is an assisted living residence (ALR) for adults with severe and persistent mental illness (SPMI) that is operated and maintained for no more than 16 residents, and provides treatment commensurate to the residents' psychiatric needs. Individuals are often admitted for medication management and the need for protective oversight and supervision. RTFs are operated by community mental health centers (CMHCs) and licensed by the Colorado Department of Public Health and Environment (CDPHE). RTFs provide the following services on a 24-hour basis:

- Personal services, including a physically safe environment, regular supervision, assistance with activities of daily living (ADLs) (e.g., medication administration, laundry, recreational activities, transportation arrangements)
- Protective oversight, including monitoring needs to ensure residents receive services and care necessary to protect their health, well-being and safety.¹⁰¹

II.F.5.G. Residential Child Care Facility (RCCF)

Residential Child Care Facility (formerly TRCCF) is a licensed residential child care facility (RCCF)¹⁰² that provides 24-hour care for five (5) or more children ages three (3) to 18 years of age. Youth in the custody of a County Department of Social/Human Services (DSS/DHS) who are in need of mental health treatment in a structured environment may be placed in a RCCF by court order prior to their 18th birthday; youth in the custody of the Division of Youth Corrections (DYC) may be placed in an RCCF by court order past their 18th birthday but prior to their 21st birthday.¹⁰³

Residential Services					
Procedure Code	Procedure Code Procedure Code Description				
H0018	Behavioral health; short-term residential (non-hospital residential treatment	Medicaid/OBH			
	program), without room and board, per diem				
	Behavioral health; long-term residential (non-medical, non-acute care in a	Medicaid/OBH			
H0019	residential treatment program where stay is typically longer than 30 days),				
	without room and board, per diem				

II.F.5.H. Supported Housing

Supported Housing is a specific program model in which a client lives in a house, apartment, or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from behavioral health (BH) provider(s) or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing include: affordability, right to tenure, service choice, individualization and availability, Integration (with persons who do not have mental illness), and functional separation of housing from service provision.

Residential Services - Supported Housing				
Procedure Code	cedure Code Procedure Code Description Usage			
H0043	Supported housing, per diem	Medicaid/OBH		
H0044	Supported housing, per month	Medicaid/OBH		

II.F.6. Social Ambulatory Detoxification

Social Ambulatory Detoxification services are rendered to clients whose intoxication or withdrawal signs and / or symptoms are severe enough to require a 24-hour structured program. These services are not provided to clients that require hospitalization for their intoxication or withdrawal symptoms. Medicaid reimbursed services are provided by a facility that is licensed by the Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) based on the American Society of Addiction Medicine (ASAM) criteria. These services do not include room and board. Social/Ambulatory Detoxification Services may include any of the following: a physical assessment of detoxification progression (i.e., vital signs monitoring); a safety assessment (i.e., suicidal ideation [SI] and other behavioral health [BH] issues); a level of motivation assessment for treatment evaluation; or the provision of daily living needs (i.e., hydration, nutrition, cleanliness, and toiletry). Detoxification in a non-Medicaid reimbursed facility can be provided in a facility greater than 16 beds.

Social Ambulatory Detoxification Codes		
Procedure Code	Procedure Code Description	Usage
H0010	Alcohol and/or Drug Services; Sub-acute Detoxification (residential addiction	OBH
110010	program inpatient)	
H0011	Alcohol and/or Drug Services; Acute Detoxification (residential addiction program	ОВН
110011	inpatient)	
H0012	Alcohol and/or Drug Services; Sub-acute Detoxification (residential addiction	OBH
H0012	program outpatient)	
H0013	Alcohol and/or Drug Services; Acute Detoxification (residential addiction program	ОВН
110013	outpatient)	
H0014	Alcohol and/or Drug Services; Ambulatory Detoxification	ОВН
S3005	Performance Measurement, Evaluation of Patient Self-assessment, Depression	Medicaid/OBH
T1007	Physical Assessment of Detoxification Progression including Vital Signs Monitoring	Medicaid/OBH
	Personal Care Services, per 15 minutes, (not for an inpatient or resident of a	Medicaid/OBH
T1019	hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of	
11019	treatment- code may not be used to identify services provided by home health	
	aide or CNA)	
T1023	Screening to determine the appropriateness of consideration of an individual for	Medicaid/OBH
11025	participation in a specified program, project or treatment protocol, per encounter	

II.F.7. Room and Board

Room and Board Services are provided to patients residing in a facility. Patients must reside in the facility for at least 24 hours while they are provided with lodging and meals.

Room and Board Codes			
Procedure Code	Procedure Code Procedure Code Description Us		
H2034	Halfway House	OBH	
S9976	Lodging, Per Diem, Not Otherwise Specified (NOS)	OBH	

II.F.8. Respite Care Services

Respite Care Services are Temporary or short-term care of a child, adolescent or adult provided by adults other than the birth parents, foster parents, adoptive parents, family members or caregivers with whom the Member normally resides,

designed to give the usual caregivers some time away from the Member to allow them to emotionally recharge and become better prepared to handle the normal day-to-day challenges."¹⁰⁴ This service acknowledges that, while the services of primary caregivers may keep a client out of more intensive levels of care (i.e., inpatient hospital), there are occasional needs to substitute for these caregivers. Respite Care Services may be rendered when:

- The client's primary caregivers are unable to provide the necessary illness-management support and thus the client is in need of additional support or relief
- The client and his/her primary caregivers experience the need for therapeutic relief from the stresses of their mutual cohabitation
- The client is experiencing a behavioral crisis and needs structured, short-term support
- Relief care giving is necessitated by unavoidable circumstances, such as a family emergency

Respite Care Services		
Procedure Code	Procedure Code Description	Usage
H0045	Respite care services, not in the home, per diem	Medicaid/OBH
S5150	Unskilled respite care, not hospice; per 15 minutes	Medicaid/OBH
S5151	Unskilled respite care, not hospice; per diem	Medicaid/OBH
T1005	Respite care services, up to 15 minutes	Medicaid/OBH

II.F.9. Treatment Services

Behavioral Health (BH) Treatment Services use a variety of methods for the treatment of mental disorders and behavioral disturbances, in an attempt to alleviate emotional disturbances, reverse, or change maladaptive patterns of behavior and encourage personality growth and development.

II.F.9.A. Crisis/Emergency Services

Crisis/Emergency Services are "provided during a mental health (MH) emergency, which involves unscheduled, immediate, or special interventions in response to a crisis with a client, including associated laboratory services, as indicated." ¹⁰⁵ Services are designed to:

- Improve or minimize an acute crisis episode
- Assist the client in maintaining or recovering his/her level of functioning (LOF) by providing immediate intervention and/or treatment in a location most appropriate to the needs of the client and in the least restrictive environment available
- Prevent further exacerbation or deterioration and/or inpatient hospitalization, where possible
- Prevent injury to the client and/or others

Stabilization is emphasized so that the client can actively participate in needs assessment and treatment/service planning. Services are characterized by the need for highly coordinated services across a range of service systems. Crisis/Emergency Services are available on a 24-hour, 7-day a week basis.

For Crisis/Emergency services, International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes that are not covered under the Colorado Medicaid Community Behavioral Health Services Program may be reported when those services have been rendered to a Medicaid enrollee for the purpose of evaluating and assessing to determine the presence of and/or diagnose a behavioral health (BH) disorder(s). The following ICD-9-CM diagnosis codes should be reported for Assessment Services, Crisis/Emergency and Prevention/Early Intervention services only:

Non-Covered Diagnosis Codes for Assessment, Crisis/Emergency and Prevention/Early Intervention Services Only

Code	Description
799.9	Undiagnosed disease, not specified as to site or system involved
V71.09	Observation for other suspected mental condition

^a Used when persons without a diagnosis are suspected of having an abnormal condition, without signs or symptoms, which requires study, but after examination and observation, is found not to exist.¹⁰⁶

Treatment Services – Crisis/Emergency Services		
Procedure Code Procedure Code Description Usage		Usage
H2011	Crisis intervention service, per 15 minutes	Medicaid/OBH
S9485	Crisis intervention mental health services, per diem	Medicaid/OBH

II.F.9.B. Inpatient Services

Inpatient Services are rendered in an Inpatient Hospital or Inpatient Psychiatric Facility, which is a program of medically structured and supervised psychiatric care in which the client remains 24-hours a day in a facility licensed as a hospital by the State.

- The procedure codes found in this section are also used for psychiatric services in Partial Hospital (PHP) settings. (Refer to Section II.F.7.C.3.)
- Treatment in an inpatient hospital setting should be reported or billed using the evaluation and management (E/M) procedure codes (99221 99233).
- The modifier 22 may be appropriate when there is an increased service; modifier 52 may be appropriate when there is a reduced service.

II.F.9.B.1. Consultation

A Consultation is rendered by a physician whose opinion or advice is requested by another appropriate practitioner (e.g., treating physician or other qualified health care professional) for the further evaluation and management (E/M) of the patient. A Consultation includes a report of findings, opinion and advice or recommendations that is provided to the referring provider for his/her use in the treatment of the patient. A consultant interviews and examines the patient, and may initiate diagnostic and/or therapeutic services. While the consultant has a wide degree of latitude in providing services, he/she does not typically assume care or provide treatment plans. When more than 50% of the consultant's time is spent in providing counseling, ¹⁰⁷ coordination of care or both, the service is coded based upon the length of time spent with the patient and/or family. ¹⁰⁸

Consultation procedure codes (99251 – 99255) may also be used for psychiatric consultations rendered in Nursing Facilities (NF).

Treatment Services – Inpatient Services - Consultations		
Procedure Code	Procedure Code Description	Usage
99251	Inpatient consultation for a new or established patient; the presenting problem(s) are self-limited or minor	Medicaid/OBH
99252	Inpatient consultation for a new or established patient; the presenting problem(s) are of low severity	Medicaid/OBH
99253	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate severity	Medicaid/OBH
99254	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	Medicaid/OBH
99255	Inpatient consultation for a new or established patient; the presenting problem(s) are of moderate to high severity.	Medicaid/OBH

II.F.9.B.2. Initial Hospital Care

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Treatment Services – Inpatient Services – Initial Hospital Care		
Procedure Code	Procedure Code Description	Usage
99221	Initial hospital care, per day, for the evaluation and management of a patient (low severity)	Medicaid/OBH
99222	Initial hospital care, per day, for the evaluation and management of a patient (moderate severity)	Medicaid/OBH
99223	Initial hospital care, per day, for the evaluation and management of a patient (high severity)	Medicaid/OBH

II.F.9.B.3. Subsequent Hospital Care

Treatment Services – Inpatient Services – Subsequent Hospital Care		
Procedure Code	Procedure Code Description	Usage
99231	Subsequent hospital care, per day (stable, recovering or improving patient)	Medicaid/OBH
99232	Subsequent hospital care, per day (patient responding inadequately to therapy or	Medicaid/OBH
99232	has developed a minor complication)	
99233	Subsequent hospital care, per day (unstable patient or the development of	Medicaid/OBH
	significant complications or problems)	

II.F.9.B.4. Hospital Discharge Services

Treatment Services – Inpatient Services – Hospital Discharge Services		
Procedure Code Procedure Code Description Usage		Usage
99238	Discharge day management; 30 minutes or less	Medicaid/OBH
99239	Discharge day management; more than 30 minutes	Medicaid/OBH

Uniform Service Coding Standards Manual 2015

II.F.9.C. Intensive Treatment Services

II.F.9.C.1. Behavioral Health (BH) Day Treatment

Behavioral Health (BH) Day Treatment is a non-residential treatment program designed for children and adolescents under the age of 21 who have emotional, behavioral, and neurobiological/substance abuse (SA) problems and may be at high-risk for out-of-home placement. Day Treatment services include psychotherapy (family, group, individual); parent-client education; skill and socialization training focused on improving functional and behavioral deficits, and intensive coordination with schools and/or other child service agencies.

Treatment Services – Intensive Treatment Services – Behavioral Health Day Treatment		
Procedure Code Procedure Code Description Usage		Usage
H2012	Behavioral health day treatment, per hour	Medicaid/OBH

II.F.9.C.2. Intensive Outpatient Psychiatric (IOP) Services

Intensive Outpatient Psychiatric (IOP) Services focus on maintaining and improving functional abilities for the client through a time-limited, multi-faceted approach to treatment. A multidisciplinary treatment team renders services consisting of, but not limited to

- Individual, group and family psychotherapy
- Medication management and education
- Psychological assessment
- Therapeutic psycho-education
- Crisis intervention

IOP Services are based on a comprehensive and coordinated individualized and recovery-oriented treatment/service plan, involving the use of multiple concurrent services and treatment modalities. Treatment focuses on symptom reduction, safety reinforcement, promoting stability and independent living in the community, relapse prevention, restoration to a higher level of functioning (LOF), and reducing the need for a more acute level of care (LOC).

Treatment Services – Intensive Treatment Services – Intensive Outpatient Psychiatric Services		
Procedure Code	Procedure Code Description	Usage
S9480	Intensive outpatient psychiatric services, per diem	Medicaid/OBH

II.F.9.C.3. Partial Hospitalization (PHP)

Partial Hospitalization (PHP) is a non-residential, medically directed treatment program for clients who require intensive, highly coordinated, structured, multi-modal ambulatory treatment within a stable therapeutic milieu. The use of PHP as a setting of care presumes that the client does not currently meet medical necessity criteria for inpatient psychiatric treatment; at the same time, it implies that routine outpatient treatment is of insufficient intensity to meet the client's present treatment needs. The client requires a minimum of 20 hours/week of therapeutic services as evidenced in his/her treatment/service plan. The client is likely to benefit from a coordinated program of services and requires more than isolated sessions of outpatient treatment. The client has an adequate support system while not actively engaged in the program. The client has a covered mental health (MH) diagnosis, is not judged to be dangerous to self/others, has the cognitive and emotional capacity to participate in the active treatment process and can tolerate the intensity of the PHP. PHP entails programmatically-linked (i.e., a separate and distinct, identifiable, organized program representing a significant component within the continuum of comprehensive behavioral health (BH) services) ambulatory treatment, which is prescribed, supervised and reviewed by a Psychiatrist, and provided at a properly licensed/certified facility by a multidisciplinary team of mental health professionals (MHPs) within their scope(s) of practice. PHP must be:

- Reasonable and necessary for the diagnosis and active treatment of a client's mental health (MH) condition (i.e., SMI/SPMI and/or co-occurring Substance-Related Disorder)
- Reasonably expected to improve or maintain the client's condition and level of functioning (LOF)
- Reasonably expected to prevent relapse or hospitalization

The treatment program of a PHP closely resembles that of a highly structured, short-term hospital inpatient program, with treatment at a more intensive level than outpatient day treatment or psychosocial rehabilitation. PHP services may include assessment; psychological testing; family, group and individual psychotherapy; medical and nursing support; medication management; skill development; psychosocial education and training; and expressive and activity therapies. 109,110

Treatment Services – Intensive Treatment Services – Partial Hospitalization (PHP)		
Procedure Code	Procedure Code Description	Usage
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to care and treatment of patient's disabling mental health problems per session (45 minutes or more)	Medicaid/OBH
G0177	Training and educational services related to the care and treatment of patient's disabling mental health problems per session (45 minutes or more)	Medicaid/OBH
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Medicaid/OBH

II.F.9.D. Psychiatric/Medication Management Services

Psychiatric Services are "provided within the scope of practice of psychiatric medicine as defined by State law." Medication Management Services include the "monitoring of medications prescribed and consultation provided to Members by a Physician or other Medical Practitioner authorized to prescribe medications as defined by State law,

including associated laboratory services, as indicated."112

Treatment Services – Psychiatric/Medication Management Services		
Procedure Code	Procedure Code Description	Usage
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug) subcutaneous or intramuscular	Medicaid/OBH
M0064 (Use Code 99212)	A brief office visit for the sole purpose of monitoring or changing drug prescriptions used in treatment of mental, psychoneurotic, and personality disorders. This code should be used for a lesser level of drug monitoring such as simple dosage adjustment.	Medicaid/OBH
99441	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5 – 10 minutes of medical discussion.	Medicaid/OBH
99442	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11 – 20 minutes of medical discussion.	Medicaid/OBH
99443	Telephone evaluation and management (E/M) service provided by a physician to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days, nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21 – 30 minutes of medical discussion.	Medicaid/OBH
H0033	Oral medication administration, direct observation	Medicaid/OBH
H0034	Medication training and support, per 15 minutes	Medicaid/OBH

II.F.9.E. Psychotherapy

Psychotherapy is the treatment of a mental illness and behavioral disturbances in which the physician or other qualified healthcare professional, through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior, and encourage personality growth and development. Psychotherapy codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic intervention, and may include involvement of family member(s) or others in the treatment process. To report or bill Psychotherapy only, the appropriate procedure code is selected based on the face-to-face time spent with the client and/or family member. When evaluation and management (E/M) services are included with Psychotherapy, the appropriate procedure code is selected based on E/M criteria in addition to the above criteria for Psychotherapy. E/M services rendered in addition to psychotherapy may include:

- · Physical examinations, medical diagnostic evaluations, and evaluation of comorbid medical conditions
- Medication management and evaluation of drug interactions
- Physican orders, interpretation of laboratory studies, and other medical diagnostic studies and observations

	Treatment Services – Psychotherapy – Interactive Complexity Add-On Code	
Procedure Code	Procedure Code Description	Usage
90785 (Add-on)	Interactive complexity (list separately in addition to the code for the primary	Medicaid/OBH
30703 (Add 011)	procedure)	

II.F.9.E.1. Individual Psychotherapy

Individual Psychotherapy procedure codes are separated into two (2) broad categories:

- Interactive psychotherapy
- Insight-oriented, behavior-modifying and/or supportive psychotherapy
 - CPT states The psychotherapy codes 90832-90838 include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of family member(s) or other in the treatment process
 - To report psychotherapy, choose the code closest to the actual time (ie, 16-37 minutes for 90832, 38-52 minutes for 90834, and 53 or more minutes for 90837. Do not report psychotherapy for less than 16 minutes duration.

Treatment Services – Psychotherapy		
Procedure Code	Procedure Code Description	Usage
90832	Psychotherapy, 30 minutes with the patient and/or family member	Medicaid/OBH
	Psychotherapy, 30 minutes with the patient and/or family member when	
90833 (Add-on)	performed with an evaluation and management service (list separately in addition	Medicaid/OBH
	to the code for primary service)	
90834	Psychotherapy, 45 minutes with the patient and/or family member	Medicaid/OBH
	Psychotherapy, 45 minutes with the patient and/or family member when	
90836 (Add-on)	performed with an evaluation and management service (list separately in addition	Medicaid/OBH
	to the code for primary service)	
90837	Psychotherapy, 60 minutes with the patient and/or family member	Medicaid/OBH
	Psychotherapy, 60 minutes with the patient and/or family member when	
90838 (Add-on)	performed with an evaluation and management service (list separately in addition	Medicaid/OBH
	to the code for primary service)	
H0004	Behavioral health counseling and therapy, per 15 minutes	Medicaid/OBH

II.F.9.E.2. Psychotherapy for Crisis

Psychotherapy for crisis is an urgent assessment and history of a crisis state, a mental status exam, and a disposition. The treatment includes psychotherapy, mobilization of resources to defuse the crisis and restore safety, and implementation of psychotherapeutic interventions to minimize the potential for psychological trauma. The presenting problem is typically life threatening or complex and requires immediate attention to a patient in high stress. 90839 and 90840 are used to report the total duration of face-to-face with the patient and/or family spent by the physician or other qualified healthcare professional providing psychotherapy for crisis, even if the time spent on that date is not continuous. For any period of time spent providing psychotherapy for crisis state, the provider must devote his or her full, attention to the patient and therefore, cannot provide services to another patient during the same time period. The patient must be present for all or some of the services.

Treatment Services – Psychotherapy - Psychotherapy for Crisis		
Procedure Code	Procedure Code Description	Usage
98039	Psychotherapy for Crisis, first 60 min	Medicaid/OBH
90840 (Add-on)	Psychotherapy for Crisis, each additional 30 minutes (List separately in addition to	Medicaid/OBH
	code 90839 for primary service).	Wiedicald/OBT

II.F.9.E.3. Family Psychotherapy

Family Psychotherapy is face-to-face therapeutic contact with a client and family member(s), or other person(s) significant to the client, for improving client-family functioning. Family Psychotherapy is appropriate when intervention in the family interactions would be expected to improve the client's emotional/behavioral disturbance. The primary purpose of family psychotherapy is the treatment of the client.

Treatment Services – Psychotherapy - Family Psychotherapy		
Procedure Code	Procedure Code Description	Usage
90846	Family psychotherapy (without the patient present)	Medicaid/OBH
90847	Family psychotherapy (conjoint psychotherapy) (with patient present)	Medicaid/OBH

II.F.9.E.4. Group Psychotherapy

Group Psychotherapy is "therapeutic contact of up to and including two (2) hours, facilitated by a qualified mental health professional (MHP) in a group setting with two (2) or more clients who are typically not family members. The MHP facilitates structured group interactions in an effort to change individual behavior of each person in the group and assist group members in meeting individual recovery goals."

Treatment Services –Psychotherapy – Group Psychotherapy		
Procedure Code	Procedure Code Description	Usage
90849	Multiple-family group therapy	Medicaid/OBH
90853	Group psychotherapy (other than of a multiple-family group)	Medicaid/OBH

II.F.9.F. Substance Use Treatment Services

Treatment services utilize a variety of methods to treat mental, behavioral, and substance use disorders. The goal is to alleviate emotional disturbances and reverse or change maladaptive patterns of behavior in order to encourage a client's personal growth and development. Treatment services often utilize assessments to formulate and implement an individualized comprehensive written treatment plan that is used to promote the client's highest possible level of independent functioning. Treatment can include relapse planning, information about the process of addiction, and assist clients to understand some of the underlying issues that lead them to use substances.

Substance Use Treatment Services		
Procedure Code	Procedure Code Description	Usage
H0005	Alcohol and/or Drug Services; group counseling by a clinician	Medicaid/OBH
H0015	Alcohol and/or Drug Services; intensive outpatient program	Medicaid/OBH
H0020	Alcohol and/ or Drug Services; methadone administration and/ or service (provisions of the drug by a licensed program)	Medicaid/OBH
H0047	Alcohol and/ or Other Drug Abuse Services; Not Otherwise Specified (NOS)	OBH
H1004	Prenatal Follow-up Home Visit	OBH
H1010	Non-medical Family Planning	OBH
H2035	Alcohol and/or Drug Treatment Program, per hour	OBH
H2036	Alcohol and/or Drug Treatment Program, per diem	OBH
H2037	Developmental Delay Prevention Activities, dependent child of client per 15 minutes	ОВН
S9445	Drug Screening and Monitoring	Medicaid/OBH
T1006	Alcohol and/or Substance Abuse Services, Family/Couple Counseling	OBH
T1012	Alcohol and/or Substance Abuse Services, Skills Development	OBH

II.F.9.G. Rehabilitation Services

"Rehabilitative services include any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his/her practice under State law, for maximum reduction of mental disability and restoration of a consumer to his/her best possible level of functioning (LOF)."113,114

II.F.9.G.1. Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) is "a service-delivery model that provides comprehensive, locally-based treatment to adults with serious mental illnesses (SMIs). ACT Services are highly individualized and are available 24 hours a day, seven (7) days a week, 365 days a year, to clients who need significant assistance and support to overcome the barriers and obstacles that confront them because of their mental illnesses. ACT teams provide:

- Case management
- Initial and ongoing mental health assessments
- Psychiatric services
- Employment and housing assistance
- Family support and education
- Substance abuse services (individuals with co-occurring substance abuse/mental illness)

ACT models are built around a self-contained multi-disciplinary team (i.e., psychiatrist, SW, RN/APRN/RxN/LPN/LVN, etc.) that serves as the fixed point of responsibility for all client care for a specific group of clients. In this approach, normally used with clients with the most serious and intractable symptoms of severe and persistent mental illness (SPMI), the treatment team typically provides all client services using a highly integrated approach to care. The treatment team delivers an integrated array of treatment, support and rehabilitation services to clients, with the majority of services being rendered in clients' own homes, work settings, or any other place in the community where support might be needed. Assessment and treatment planning are done in a collaborative manner, and result in a plan that is customized for each individual client.

Treatment Services – Rehabilitation Services – Assertive Community Treatment (ACT)		
Procedure Code	Procedure Code Description	Usage
H0039	Assertive community treatment, face-to-face, per 15 minutes	Medicaid/OBH
H0040	Assertive community treatment program, per diem	Medicaid/OBH

II.F.9.G.2. Clubhouse/Drop-In Center

Clubhouses and Drop-In Centers provide "peer support services for people who have mental illnesses (MIs)." In Clubhouses, "individuals (members) utilize their skills for clerical work, data input, meal preparation, providing resource information or reaching out to fellow members. Staff and members work side by side, in a unique partnership." In drop-in centers, "individuals with mental illnesses plan and conduct programs and activities in a club-like setting. There are planned activities and opportunities for individuals to interact with social groups." The International Center for Clubhouse Development (ICCD) Clubhouse Model is recognized as an Evidenced-Based Practice by SAMHSA. ICCD Certified Clubhouse programs are identified as following the EBP.

	Treatment Services – Rehabilitation Services – ClubHouse/Drop-In Center	
Procedure Code	Procedure Code Description	Usage
H2030	Mental health clubhouse services, per 15 minutes	Medicaid/OBH
H2031	Mental health clubhouse services, per diem	Medicaid/OBH
H0023	Behavioral Health Outreach Service (Drop-In Center)	Medicaid/OBH

II.F.9.G.3. Community Psychiatric Support Treatment Services (CPST)

Community Psychiatric Support Treatment (CPST) coordinates and provides services and resources to clients and families necessary to promote recovery, rehabilitation, and resiliency. CPST identifies and addresses the barriers impeding the client's development of the skills necessary for independent functioning in the community, as well as the strengths, which may aid the client and family in the recovery/resiliency processes. CPST addresses client and family goals for independent living.

Treatment Services – Rehabilitation Services – Community Psychiatric Support Treatment (CPST)		
Procedure Code	Procedure Code Description	Usage
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Medicaid/OBH
H0037	Community psychiatric supportive treatment, face-to-face, per diem	Medicaid/OBH

II.F.9.G.4. Psychosocial Rehabilitation (PSR) Services

Psychosocial Rehabilitation (PSR) Services are "an array of therapeutic services designed to help individuals with long-term psychiatric disabilities increase their functioning so that they are successful and satisfied in the environments of their choice with the least amount of ongoing professional intervention. These services are designed to capitalize on personal strengths, to develop coping strategies and skills to deal with deficits, and to develop a supportive environment in which to function as independently as possible. PSR Services are provided in clinic or community-based settings and include:

- Individual or group skill-building activities
- Development of problem-solving techniques
- Development of self-medication skills
- Activities to increase cognitive and psychosocial functioning
- Illness management strategies
- Wellness activities

Treatment Services – Rehabilitation Services – Rehabilitation Program		
Procedure Code	Procedure Code Description	Usage
H2001	Rehabilitation program, per ½ day	Medicaid/OBH
H2017	Psychosocial rehabilitation services, per 15 minutes	Medicaid/OBH
H2018	Psychosocial rehabilitation services, per diem	Medicaid/OBH

II.F.9.G.5. Other Rehabilitation Services

Treatment Services –Rehabilitation Services – Other		
Procedure Code	Procedure Code Description	Usage
97535	Self-care/home management training (e.g., activities of daily living (ADLs) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes	Medicaid/OBH
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact by provider, each 15 minutes	Medicaid/OBH
H2014	Skills training and development, per 15 minutes	Medicaid/OBH
H2032	Activity therapy, per 15 minutes	Medicaid/OBH

II.F.9.H. Other Professional Services

II.F.9.H.1. Biofeedback Training

Biofeedback Training involves monitoring a client's bodily functions (i.e., blood pressure, heart rate, skin temperature, breathing rate, sweat gland activity and muscle tension) through the use of surface electrodes (sensors), which convey information (i.e., "feedback") to the client in real-time. The client is taught how certain thought processes, stimuli, and actions affect these physiological responses. The client learns to recognize and manipulate these responses to control maladapted physiological functions, through relaxation and awareness techniques. Biofeedback Training requires specialized training on the part of the mental health professional (MHP), and involves both assessment and treatment using biofeedback equipment.

Treatment Services –Other Professional Services – Biofeedback Training											
Procedure Code	Procedure Code Description										
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 20 – 30 minutes	Medicaid/OBH									
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight-oriented, behavior modifying or supportive psychotherapy); approximately 45 – 50 minutes	Medicaid/OBH									

II.F.9.H.2. Community-Based Wrap-Around Services

Community-Based Wrap-Around Services for children and adolescents utilizes a treatment team consisting of members determined by the family, often representing multiple agencies and/or informal supports. The treatment team creates a highly individualized treatment/service plan for the child/adolescent that consists of behavioral health (BH) treatment services, as well as other services and supports that are secured from, and funded by, other community agencies. The wrap-around plan is the result of a collaborative team planning process that focuses on the identified strengths, values, preferences, needs, strategies and outcomes of the child/youth and family, and is developed in partnership with other community agencies. The individualized, community-based clinical interventions identified in the individualized treatment/service plan are delivered as an alternative or adjunct to traditional behavioral health (BH) treatment services.

Treatment Services – Other Professional Services – Community-Based Wrap Around Services									
Procedure Code Procedure Code Description Usage									
H2021	Community-based wrap-around services, per 15 minutes	Medicaid/OBH							
H2022	Community-based wrap-around services, per diem	Medicaid/OBH							

II.F.9.H.3. Medical Team Conference

Medical Team Conference is a face-to-face collaboration of at least three (3) qualified mental health professionals (MHPs) from different specialties/disciplines who are actively involved in the development, revision, coordination, and implementation of behavioral health (BH) services for the client. Individuals do not report these procedure codes when their participation in the conference is part of a service that is contractually provide by the organizational or facility provider. ¹¹⁵

	Treatment Services – Other Professional Services – Medical Team Conference										
Procedure Code	Procedure Code Description	Usage									
	Medical team conference with interdisciplinary team, face-to-face with patient	Medicaid/OBH									
99366	and/or family, 30 minutes or more, participation by a non-physician qualified										
	health care professional										
99367	Medical team conference with interdisciplinary team, patient and/or family not	Medicaid/OBH									
99367	present, 30 minutes or more, participation by physician										
	Medical team conference with interdisciplinary team, patient and/or family not	Medicaid/OBH									
99368	present, 30 minutes or more, participation by non-physician qualified health care										
	professional										

II.F.9.H.4. Multi-Systemic Therapy (MST) for Juveniles

Multi-Systemic Therapy (MST) is an intensive family- and community-based treatment targeting chronic, violent or substance abusing juvenile offenders at high risk of out-of-home placement and their families. MST strives to promote behavior change in the youth's natural environment, using the strengths of the systems with which the youth is involved (e.g., family, peers, school, neighborhood, indigenous support network) to facilitate change. Within a context of support and skill building, the mental health professional (MHP) places developmentally appropriate demands on the adolescent and family for responsible behavior. Intervention strategies include strategic/structural family therapy (SFT), behavioral parent training, and cognitive behavior therapies (CBTs). A home-based model of service delivery aids in overcoming barriers to service access, increasing family retention in treatment, allowing for the provision of intensive services (i.e., MHPs have low caseloads), and enhancing the maintenance of treatment gains. The primary goals of MST are to reduce anti-social behavior, reduce out-of-home placement, and empower families to resolve future difficulties. The usual duration of MST treatment is approximately four (4) months.

Treatment Services –Other Professional Services – Multi-Systemic Therapy (MST)									
Procedure Code	Procedure Code								
H2033	Multi-systemic therapy for juveniles, per 15 minutes	Medicaid/OBH							

II.F.9.H.5. Psychoeducational Services

Psychoeducational Services are an adjunct treatment modality that focus on educating clients, families and significant others in subject areas that support the goals of treatment, recovery and rehabilitation, specific to the clients' behavioral health (BH) needs.

Treatment Services – Other Professional Services – Psychoeducational Services									
Procedure Code	Procedure Code Procedure Code Description								
H2027	Psychoeducational service, per 15 minutes	Medicaid/OBH							

II.F.9.I. Vocational Services

Vocational Services are "services designed to assist adults and adolescents who are ineligible for State Vocational Rehabilitation services and require long-term services and supports in developing skills consistent with employment and/or in obtaining employment." ¹¹⁶ Vocational Services include:

- Skill and support development interventions
- Educational services (GED, college prep skills)
- Vocational assessment
- Job coaching

Vocational Services									
Procedure Code	Usage								
H2023	Supported employment, per 15 minutes	Medicaid/OBH							
H2024	Supported employment, per diem	Medicaid/OBH							
H2025	Ongoing support to maintain employment, per 15 minutes	Medicaid/OBH							
H2026	Ongoing support to maintain employment, per diem	Medicaid/OBH							

II.G. Evaluation and Management

The following evaluation and management codes are covered by the BHOs when they are billed in conjunction with a

psychotherapy add-on or when used for the purposes of medication management with minimal psychotherapy provided

by a prescriber from the BHO network.

The evaluation and management (E/M) codes were introduced in the 1992 update to the fourth edition of Physicians'

Current Procedural Terminology (CPT). These codes cover a broad range of services for patients in both inpatient and

outpatient settings. In 1995 and again in 1997, the Health Care Financing Administration (now the Centers for Medicare

and Medicaid Services, or CMS) published documentation guidelines to support the selection of appropriate E/M codes

for services provided to Medicare beneficiaries. Please refer to the CMS website for the 1995 and 1997 versions.

The major difference between the two sets of guidelines is that the 1997 set includes a single-system psychiatry

examination (mental status examination) that can be fully substituted for the comprehensive, multisystem physical

examination required by the 1995 guideline. Because of this, it clearly makes the most sense for mental health

practitioners to use the 1997 guidelines. Clinicians currently have the option of using the 1995 or 1997 CMS

documentation guidelines for E/M services, although for mental health providers the 1997 version is the obvious choice.

The E/M codes are generic in the sense that they are intended to be used by all physicians, nurse-practitioners, and

physician assistants and to be used in primary and specialty care alike. The decision to use one set of codes over another

should be based on which code most accurately describes the services provided to the client.

DEFINITIONS:

New patient/client: A new patient/client is defined as one who has not received any professional services from the

prescriber or another prescriber of the exact same specialty and subspecialty who belongs to the same group within the

past 3 years.

Established patient/client: An established patient/client is one who has received professional services from the prescriber

or another prescriber of the exact same specialty and subspecialty who belongs to the same group within the past 3

years.

In the instance where a prescriber is on call covering for another prescriber, the patient's/client's service will be classified

as it would have been by the prescriber who is not available. When advanced practice nurses and physician assistants are

working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the

physician.

There is no distinction made between new and established patients in the emergency department.

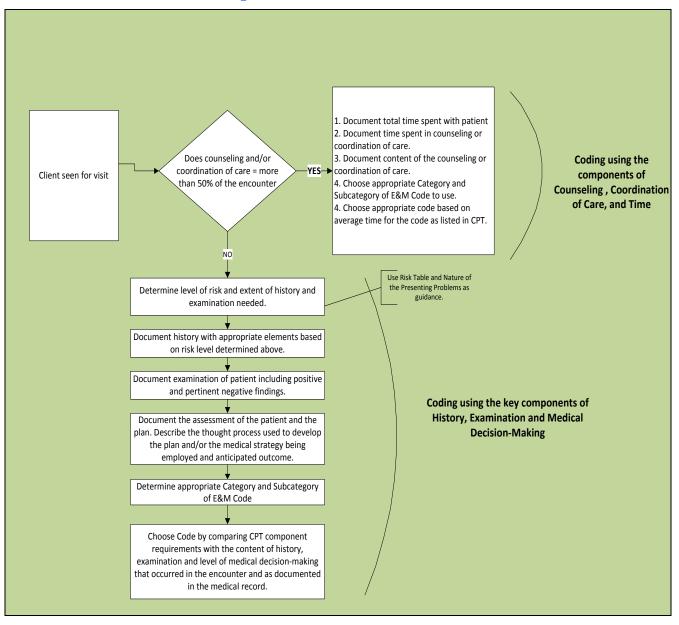
Documenting Evaluation and Management Services II.G.1.

Service Description, Minimum Documentation Requirements, and Notes II.G.1.A.

EVALUATION AND	MANAGEMENT
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
These codes are used for face to face services for the evaluation and management of an individual with presenting problem(s) of varying severity. The physician/NPP may usually bill for one E&M code per day. In some circumstances another E&M code for the day may be appropriate but will be subject to review by the payer.	CMS has issued two sets of documentation guidelines for E&M Coding. These guidelines provide detailed information on requirements and level of detail expected. These guidelines should be used by all providers and billing staff to determine the level of code. See Section II.G.1.C. for a chart that lists key components and average times for each inpatient code. The following is a brief summary of requirements only and should not be used as the sole reference for coding:
Some locations for E&M services include codes for new patient and established patient. See Section II.G.1.B. For a decision tree on how to identify new vs. established patients. In general new patients require that the prescriber provide and document all 3 key components that meet the criteria for the code selected. Established patients generally require that only 2 of the 3 key components provided and documented meet the criteria for the code selected. Emergency room E&M codes do not distinguish between new and established patients. All 3 key components provided and documented must meet criteria for the code selected for every visit. Also time based coding which is allowed for other E&M codes is not allowed for Emergency Room visits. Once the location and new vs. established has been determined, choosing the level of code can be done in one of two ways: OPTION 1: The amount of work of the physician/qualified NPP. OPTION 2: If more than 50% of the billing prescriber's time with the individual and family is spent in counseling and coordination of care, then the service is coded by time spent. This Option requires specific documentation that X minutes of the session lasting Y amount of time was spent on counseling/coordination of care.	All visits must include documentation of the chief complaint or reason for visit. OPTION 1: Documenting services based on the work of the provider: History: see chart in Section II.G.1.D. for determining level of history Examination (this can be a single system psychiatric examination – see CMS E&M Guidelines 1997 or Section II.G.1.C.) Medical decision-making: see chart in Section II.G.1.D. for determining level of medical decision-making. Once the level of each is determined, see Chart in Section II.G.1.E. for code selection. Outpatient and nursing facility: All 3 Key Components must be documented for new patients. 2 out of 3 key components must be documented for established patients. Emergency Room: 3 of 3 key components must be documented at each visit. OPTION 2: Documenting and coding services based on time spent in counseling and coordination of care. Document all work completed and: Total time of the service Time spent in counseling and coordination of care Content of discussion and medical decision-making See chart in Section II.G.1.E. for code selection based on Average Time. Option 2 is not available for Emergency Room services.
NOTES	EXAMPLE ACTIVITIES
The services of the billing prescriber must be face to face Shared/split visit rules may apply depending on the setting and whether or not certain rules regarding supervision are met. CMS transmittal 178 or any successors. Portions of the history – the Review of Systems (ROS) and Past Family and Social History (PSFH) may be completed by the nurse, other trained medical office staff, or the individual. The billing prescriber must document that they both reviewed and agreed with the information provided. ROS and PSFH obtained at an earlier visit does not need to be rerecorded. The billing prescriber should only document changes and/or state that there have been no changes and note the date and location of the earlier ROS and PSFH information. Portions of the examination, specifically the vital signs and weight may be completed by nursing or trained medical office staff but the remainder of the examination must be completed by the prescribing physician.	

Uniform Service Coding Standards Manual 2015

II.G.1.B. **Evaluation and Management Decision Tree**



Revised: May 1, 2015

Effective: July 1, 2015

II.G.1.C. Single System Evaluation-Psychiatric

CONTENT AND DOCUMENTATION REQUIREMENTS

To choose level of exam, perform and document as follows:
Problem Focused - One to five elements identified by a bullet.
Expanded Problem Focused - At least six elements identified by a bullet.

Detailed - At least nine elements identified by a bullet.

Comprehensive - Perform all elements identified by a bullet; document every element in each shaded box and at least one element in each un-shaded box.

SYSTEM/BODY AREA	ELEMENTS OF EXAMINATION
Constitutional	 Measurement of any three of the following seven vital signs: 1) sitting or standing blood pressure, 2) supine blood pressure, 3) pulse rate and regularity, 4) respiration, 5) temperature, 6) height, 7) weight (May be measured and recorded by ancillary staff) General appearance of patient (e.g., development, nutrition, body habitus, deformities, attention to grooming)
Head and Face	
Eyes	
Ears, Nose, Mouth and Throat	
Neck	
Respiratory	
Cardiovascular	
Chest (Breasts)	
Gastrointestinal (Abdomen)	
Genitourinary	
Lymphatic	
Musculoskeletal	 Assessment of muscle strength and tone (e.g., flaccid, cog wheel, spastic) with notation of any atrophy and abnormal movements Examination of gait and station
Extremities	
Skin	
Neurological	
Psychiatric	 Description of speech including: rate; volume; articulation; coherence; and spontaneity with notation of abnormalities (e.g., perseveration, paucity of language) Description of thought processes including: rate of thoughts; content of thoughts (e.g., logical vs. illogical, tangential); abstract reasoning; and computation Description of associations (e.g., loose, tangential, circumstantial, intact) Description of abnormal or psychotic thoughts including: hallucinations; delusions; preoccupation with violence; homicidal or suicidal ideation; and obsessions Description of the patient's judgment (e.g., concerning everyday activities and social situations) and insight (e.g., concerning psychiatric condition) Complete mental status examination including: Orientation to time, place and person Recent and remote memory Attention span and concentration Language (e.g., naming objects, repeating phrases) Fund of knowledge (e.g., awareness of current events, past history, vocabulary)Mood and affect (e.g., depression, anxiety, agitation, hypomania, lability)

Uniform Service Coding Standards Manual 2015

II.G.1.D **Evaluation and Management Components**

	SIGNIFICANCE									
COMP- ONENT	OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	DESCRIPTION	COMMENT The 1995 and 1997 CMS guidelines on						
History	Key	4 Types: 1. Problem-focused 2. Expanded Problem-focused 3. Detailed 4. Comprehensive	Includes the chief complaint, history of the present illness, a review of systems, and a review of past medical or social history of client and their family.	The 1995 and 1997 CMS guidelines on documentation are essentially the same for this component. Under – documentation of this component is a frequent reason for audit failures. CMS has stated that it expects the provider to record or take the history of the present illness. If other ancillary staff responsible for this – provider should reference and discuss positive or supportive findings in their own documentation. Stating simply: "client here for follow-up" is not sufficient.						
Examinatio n	Key	4 Types: 1. Problem-focused 2. Expanded Problem-focused 3. Detailed 4. Comprehensive	Examination of the body areas or organ systems.	The 1997 guidelines outline a single system specialty exam for psychiatry at all levels of examination. The 1995 guidelines allow for a single specialty exam only at the Comprehensive level.						
Medical Decision- Making	Key	4 Types: 1. Straightforward 2. Low Complexity 3. Moderate Complexity 4. High Complexity	Consideration of the number of diagnoses or management options, along with the amount and complexity of data that must be reviewed to develop the diagnosis, assessment and plan, and the risk of morbidity, mortality, and/or complications.	Providers should consider the complexity of the medical decision-making early in the encounter. The nature and severity of the presenting problem can often act as a guide. Use this guesstimate of medical decision-making complexity to guide or drive the extent of the history taking and examination.						
Nature of Presenting Problem	Contributory	5 Types: 1. Minimal: likely straightforward level of medical decision-making 2. Self-limited or minor: likely straightforward level of medical decision-making 3. Low severity: likely low to moderate complexity of medical decision-making — although this depends on work-up needed to get to rule in DX 4. Moderate severity: likely moderate to high complexity of medical decision-making depending on outcome and work-up needed to get to DX. 5. High severity: likely moderate to high-risk medical decision-making.	Characteristics of the presenting problem such as numbers of problems, acuity, severity, chronicity, known or unknown, stable, unstable status, prognosis etc.	This component is built into the Risk Tables developed by both CMS and the AMA and assists in the determination of the level of medical decision-making, which is a key component for determining code choice. The level of severity of the presenting problem may change as the visit progresses and differential diagnoses are explored, ruled in or out. The thought process of the provider should be documented as a support for the medical necessity of the diagnostic or therapeutic services.						

Uniform Service Coding Standards Manual 2015 Revised: May 1, 2015

Effective: July 1, 2015

COMP- ONENT	OF COMPONENT TO CODING DECISION	# AND TYPES OR LEVELS OF EACH COMPONENT	DESCRIPTION	COMMENT
Counseling	Contributory	Not applicable	Interaction with client (and family) to discuss: diagnosis or recommended further work-up, prognosis, alternative management plans and associated risk or potential outcomes, instructions for management or follow-up, education including need for compliance, and risk factor reduction.	Counseling is only used to determine the level of E&M code (although it should always be documented) when it (along with coordination of care) consists of more than 50% of the time spent in the encounter. Medicare usually requires a face-to-face interaction that includes the client. Documentation should include a description of the content, time spent counseling and total time of the encounter.
Coordi- nation of Care	Contributory	Not applicable	Contact with other physicians or caregivers on behalf of the client in the management of their treatment.	Coordination of care is only used to determine the level of E&M code (although it should always be documented) when it (along with counseling) consists of more than 50% of the time spent in the encounter. Outpatient coordination of care must occur with the client present. Inpatient coordination of care does not need to be face to face with the client. It does include time spent reviewing records and time spent with other practitioners. Documentation should include a description of the content of the service; time spent coordinating care and total time of the encounter.
Time	Contributory	Not applicable	Outpatient services: time spent face to face with client. Inpatient: time spent on at bedside and on the floor or unit with client or family or other caregivers.	This is the controlling factor when more than 50% of the service is spent in counseling or coordination of care. Documentation must include total time and time spent in counseling and coordination of care as well as content of the encounter. This is the controlling factor in critical care and prolonged services as well.

Effective: July 1, 2015

*Shows the number of the three key components: Exam, History, and Medical decision making needed to bill the code

					Hist	ory		Exam				Medical Decision-Making				Time
		Code	Туре	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Problem Focused	Expanded Problem Focused	Detailed	Comprehensive	Straightforward	Low complexity	Moderate Complexity	High Complexity	Avg. Time
		99201	New Patient Office or other outpatient Visit *Requires 3 of 3	х				х				х				10 MIN
		99202	New Patient Office or other outpatient Visit *Requires 3 of 3		х				х			х				20 MIN
L		99203	New Patient Office or other outpatient Visit *Requires 3 of 3			х				х			х			30 MIN
OFFICE OR OTHER OUTPATIENT		99204	New Patient Office or other outpatient Visit *Requires 3 of 3				х				х			х		45 MIN
THER OU		99205	New Patient Office or other outpatient Visit *Requires 3 of 3				х				х				х	60 MIN
8		99211	N/A													5
OFFICE O		99212	Established Patient Office or Outpatient Visit *Requires 2 of 3	х				х				х				10 MIN
		99213	Established Patient Office or Outpatient Visit *Requires 2 of 3		х				х				x			15 MIN
		99214	Established Patient Office or Outpatient Visit *Requires 2 of 3			х				х				х		25 MIN
		99215	Established Patient Office or Outpatient Visit *Requires 2 of 3				х				х				х	40 MIN
		99281	Emergency Department Visit *Requires 3	х				х				х				N/A
RTMENT		99282	Emergency Department visit *Requires 3		х				х				х			N/A
EMERGENCY DEPARTMENT		99283	Emergency Department Visit *Requires 3		х				х					х		N/A
EMERGE		99284	Emergency Department Visit *Requires 3			Х				Х				Х		N/A
		99285	Emergency Department Visit *Requires 3				Х				Х				Х	N/A

Revised: May 1, 2015

	IOME	99304	Initial Nursing Facility Care. New or established patient. *Requires 3 of 3.			х	х			х	х	х	х			25 MIN
	INITIAL NURSING HOME CARE	99305	Initial Nursing Facility Care. New or established patient. *Requires 3 of 3.				х				х			х		35 MIN
	INITIA	99306	Initial Nursing Facility Care. New or established patient. *Requires 3 of 3.				х				х				х	45 MIN
YII.	E CARE	99307	Subsequent Nursing Facility Care. New or established patient. *Requires 2 of 3.	Х				Х				х				10 MIN
NURSING FACILITY	SUBSEQUENT NURSING HOME CARE	99308	Subsequent Nursing Facility Care. New or established patient. *Requires 2 of 3.		х				х				х			15 MIN
N	QUENT NUF	99309	Subsequent Nursing Facility Care. New or established patient. *Requires 2 of 3.			х				х				х		25 MIN
	SAUS	99310	Subsequent Nursing Facility Care. New or established patient. *Requires 2 of 3.				х				х				х	35 MIN
	NURSING HOME DISCHARGE OR ANNUAL REVIEW	99315	Nursing Facility Discharge 30 minutes or less													30 or <30 MIN
		99316	Nursing Facility Discharge >30 minutes													>30 MIN
		99318	Annual Nursing Facility Assessment *Requires 3 of 3.			х					х		х	х		30 MIN
DIAL CARE		99324	Domiciliary,Rest Home, Custodial Care. New patient. *Requires 3 of 3.	х				х				х				20 MIN
іме), сиѕто		99325	Domiciliary, Rest Home, Custodial Care. New patient. *Requires 3 of 3.		х				х				х			30 MIN
DARDING HC		99326	Domiciliary, Rest Home, Custodial Care. New patient. *Requires 3 of 3.			х				х				х		45 MIN
DOMICILIARY, REST HOME (e.g., BOARDING HOME), CUSTODIAL CARE		99327	Domiciliary, Rest Home, Custodial Care. New patient. *Requires 3 of 3.				х				х			х		60 MIN
		99328	Domiciliary, Rest Home, Custodial Care. New patient. *Requires 3 of 3.				х				х				х	75 MIN
DOMICILIA		99334	Domiciliary, Rest Home, Custodial Care. Established patient. *Requires 3 of 3.	х				х				х				15 MIN

Effective: July 1, 2015

	1			l			1				1	l		l	1	
			Domiciliary, Rest Home, Custodial Care.													
		99335	Established patient.		Х				Х				Х			25 MIN
			*Requires 3 of 3.													
			Domiciliary, Rest													
		99336	Home, Custodial Care.			х				х				х		40 MIN
			Established patient.													
			*Requires 3 of 3. Domiciliary, Rest													
			Home, Custodial Care.													
		99337	Established patient.				Х				Х			Х	Х	60 MIN
			*Requires 3 of 3.													
		99341	Home visit. New	х				х				х				20
			Patient *Requires 3													
		99342	Home visit. New Patient *Requires 3		Х				Х				Х			30
			Home visit . New													
		99343	Patient *Requires 3			Х				Х				Х		45
		99344	Home visit. New				х				х			х		60
		99344	Patient *Requires 3				^				^			^		00
CES		99345	Home visit. New				Х				х				Х	75
HOME SERVICES			Patient *Requires 3 Home visit.													
SE		99347	Established Patient	х				х				х				15
		333.7	*Requires 2 of 3									,				
Ξ			Home visit.													
		99348	Established Patient		Х				Х				Х			25
			*Requires 2 of 3													
		99349	Home visit. Established Patient			х				х				х		40
		33343	*Requires 2 of 3			^				^				^		40
			Home visit.													
		99350	Established Patient				Х				Х			Х	Х	60
			*Requires 2 of 3													
			Initial Inpatient Hospital Care. New or													
	Æ	99221	established patient. *			Х				Х		Х	Х			30 MIN
	Ş		Requires 3 of 3													
	Æ		Initial Inpatient													
	SPI	99222	Hospital Care. New or				х				х			х		50 MIN
ES	오		established patient. * Requires 3 of 3													
ERVICES	NITIAL HOSPITAL CARE		Initial Inpatient													
SER	Z	00222	Hospital Care. New or				\ <u>'</u>				,,				,,	70 54151
Ę		99223	established patient. *				Х				Х				Х	70 MIN
HOSPITAL INPATIENT S			Requires 3 of 3													
NP/	п,п		Subsequent Hospital													
ALI	CAR	99231	Care. New or established patient.	Х				Х				Х	Х			15 MIN
PIT	AL (*Requires 2 of 3													
HOS	SUBSEQUENT HOSPITAL CARE, SUBSEQUENT HOSPITAL CARE		Subsequent Hospital													
	을 수 양	99232	Care. New or		х				х					х		25 MIN
	뒫	33232	established patient.		,											
	≒ ≒		*Requires 2 of 3 Subsequent Hospital									1				
	SEC	00555	Care. New or													
	SUB	99233	established patient.			Х				Х					Х	35 MIN
			*Requires 2 of 3													

240

	.CARE, ERVATION	99234	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3			х	х			х	X	х	х			40
	SUBSEQUENT HOSPITAL CARE, SAME DAY ADMIT & DC OBSERVATION	99235	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3				x				х			х		50
	SUBSI SAME DAY	99236	Same Day Admit/Discharge Observation/Inpatient. New or established patient. *Requires 3 of 3				х				х				х	55
	SUBSEQUENT HOSPITAL CARE, DISCHARGE	99238	Hospital Discharge Day Management 30 minutes or less													30 or <30 MIN
	SUBSE HOSPITA DISCH	99239	Hospital Discharge Day Management >30 minutes													>30 MIN
	DIS- CHARGE	99217	N/A													
	IN CARE	99218	Initial Observation Care. New or established patient. * Requires 3 of 3			х	х			х	х	х	х			30
Z	INITIAL OBSERVATION CARE	99219	Initial Observation Care. New or established patient. * Requires 3 of 3				x				x			х		50
HOSPITAL OBSERVATION	INILIAL	99220	Initial Observation Care. New or established patient. * Requires 3 of 3				х				х				x	70
HOSPITAL C	ION CARE	99224	Subsequent Observation Care. New or established patient. *Requires 2 of 3.	х				х				х	х			15
	SUBSEQUENT OBSERVATION CARE	99225	Subsequent Observation Care. New or established patient. *Requires 2 of 3.		x				x					х		25
	SUBSEQU	99226	Subsequent Observation Care. New or established patient. *Requires 2 of 3.			х				x					x	35

	TIONS	99241	Office or Outpatient Consultation Established Patient *Requires 3	х				х				х				15
	OFFICE OR OTHER OUTPATIENT CONSULTATIONS	99242	Office or Outpatient Consultation Established Patient *Requires 3		х				х			х				30
	OUTPATIEN'	99243	Office or Outpatient Consultation Established Patient *Requires 3			x				х			x			40
SNC	OR OTHER	99244	Office or Outpatient Consultation Established Patient *Requires 3				х			х				х		60
CONSULTATIONS	OFFICE	99245	Office or Outpatient Consultation Established Patient *Requires 3				х				х				х	80
S		99251	Inpatient Consultation New or Established Patient *Requires 3	х				х				х				20
	TATIONS	99252	Inpatient Consultation New or Established Patient *Requires 3		х				х			х				40
	T CONSUI	99253	Inpatient Consultation New or Established Patient *Requires 3			х				х			х			55
	INPATIENT CONSULTATIONS	99254	Inpatient Consultation New or Established Patient *Requires 3				х				х			х		80
	_	99255	Inpatient Consultation New or Established Patient *Requires 3				х				х				х	110

II.G.1.F. References for Evaluation and Management Services

- 1. 1995 Documentation Guidelines for Evaluation and Management Services, download at the CMS Website
- 2. 1997 Documentation Guidelines for Evaluation and Management Services, download at the CMS Website
- 3. The "Medicare Benefit Policy Manual" (Pub. 100-02) and the "Medicare Claims Processing Manual" (Pub. 100-04), download at the CMS Website
- 4. Evaluation and Management Services Guide, Department of Health and Human Services, Medicare Learning Network, December 2010, ICN: 006764
- 5. CPT Codes Book, American Medical Association, 2012
- 6. Procedure Coding Handbook for Psychiatrists, 4th Edition. Chester W. Schmidt, Rebecca K. Yowell, Ellen Jaffee.

II.G.2. Evaluation and Management Procedure codes

II.G.2.A. Office or Other Outpatient Services

	Evaluation and Management Services – Office or Other Outpatient Services	
Procedure Code	Procedure Code Description	Usage
99201	New Patient – Requires problem focused history, problem focused examination, and straight forward medical decision making. Typical time spent is 10 minutes.	Medicaid/OBH
99202	New Patient – Requires expanded problem focused history, expanded problem focused examination, and straightforward medical decision making. Typical time spent is 20 minutes.	Medicaid/OBH
99203	New Patient – Requires detailed history, detailed examination, and low complexity medical decision making. Typical time spent is 30 minutes.	Medicaid/OBH
99204	New Patient – Requires comprehensive history, comprehensive examination, and moderate complexity medical decision making. Typical time spent is 45 minutes.	Medicaid/OBH
99205	New Patient – Requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 60 minutes.	Medicaid/OBH
99211	Office or other outpatient office visit that may not require the presence of a physician. Usually presenting problems are minimal.	Medicaid/OBH
99212	Established Patient – Requires problem focused history, problem focused examination, and straightforward medical decision making. Typical time spent is 10 minutes.	Medicaid/OBH
99213	Established Patient – Requires expanded problem focused history, expanded problem focused examination, and low complexity medical decision making. Typical time spent is 15 minutes.	Medicaid/OBH
99214	Established Patient – Requires detailed history, detailed examination, and moderate complexity medical decision making. Typical time spent is 25 minutes.	Medicaid/OBH
99215	Established Patient – Requires comprehensive history, comprehensive examination, and high complexity medical decision making. Typical time spent is 40 minutes.	Medicaid/OBH

II.G.2.B. Emergency Department Services

The following codes are used to report Evaluation and Management services provided in the Emergency Department. No distinction is made between new and established patients. For Evaluation and Management services provided to a client in an observation area of a hospital see 99217 to 99220.

	Evaluation and Management Services – Emergency Department	
Procedure Code	Procedure Code Description	Usage
99281	Requires problem focused history, problem focused examination straight forward medical decision making	Medicaid/OBH
99282	Requires expanded problem focused history, expanded problem focused examination low complexity medical decision making	Medicaid/OBH
99283	Requires expanded problem focused history, expanded problem focused examination moderate complexity medical decision making	Medicaid/OBH
99284	Requires detailed history, detailed examination moderate complexity medical decision making	Medicaid/OBH
99285	Requires comprehensive history, comprehensive examination high complexity medical decision making	Medicaid/OBH

II.G.2.C. Nursing Facility Services

II.G.2.C.1. Initial Nursing Facility Services

Evaluati	Evaluation and Management Services – Nursing Facility Services – Initial Nursing Facility Services							
Procedure Code	Procedure Code Description	Usage						
	Requires detailed or comprehensive history, detailed or comprehensive							
99304	examination straight forward or low complexity medical decision making, Typical	Medicaid/OBH						
	time is 25 minutes							
99305	Requires comprehensive history, comprehensive examination moderate	Modicaid/ODH						
99303	complexity medical decision making, Typical time is 35 minutes	Medicaid/OBH						
99306	Requires comprehensive history, comprehensive examination high complexity	Madicaid/ODL						
99300	medical decision making Typical time is 45 minutes	Medicaid/OBH						

II.G.2.C.2. Subsequent Nursing Facility Services

Evaluation a	Evaluation and Management Services – Nursing Facility Services – Subsequent Nursing Facility Services							
Procedure Code	Procedure Code Description	Usage						
99307	Requires problem focused interval history, problem focused examination,	Medicaid/OBH						
99307	straight forward medical decision making, Typical time 10 minutes	Medicald/OBH						
99308	Requires expanded problem focused interval history, expanded problem focused	Medicaid/OBH						
99308	examination, low complexity medical decision making, Typical time 15 minutes	Medicald/OBH						
99309	Requires detailed interval history, detailed examination moderate complexity	Medicaid/OBH						
33303	medical decision making, Typical time is 25 minutes	Medicald/OBH						
99310	Requires comp interval history, comprehensive examination high complexity	Modicaid/ODL						
99510	medical decision making, Typical time is 35 minutes	Medicaid/OBH						

II.G.2.C.3. Nursing Facility Discharge Services

Evaluatio	Evaluation and Management Services – Nursing Facility Services – Nursing Facility Discharge Services								
Procedure Code	Procedure Code Procedure Code Description								
99315	Nursing Facility Discharge Day Management Services: 30 minutes or less	Medicaid/OBH							
99316	Nursing Facility Discharge Day Management Services: more than 30 minutes	Medicaid/OBH							

II.G.2.C.4. Other Nursing Facility Services

	Outpatient Evaluation and Management Services – Other Nursing Facility Services	
Procedure Code	Procedure Code Description	Usage
	Annual Nursing Facility Assessment: Requires detailed interval history,	
99318	comprehensive examination, low to moderate complexity medical decision	Medicaid/OBH
	making. Typical time is 30 minutes	

II.G.2.D. Domiciliary, Rest Home (e.g., Boarding Home), or Custodial Care Services

	Evaluation and Management Services – Domiciliary, Rest Home, Custodial Services		
Procedure Code	Procedure Code Description	Usage	
99324	New Patient - Requires problem focused history, problem focused examination,	Medicaid/OBH	
	straight forward medical decision making, Typical time 20 minutes		
	New Patient - Requires expanded problem focused history, expanded problem		
99325	focused examination, low complexity medical decision making Typical time 30	Medicaid/OBH	
	minutes		
99326	New Patient - Requires detailed history, detailed examination, moderate	Medicaid/OBH	
33320	complexity medical decision making, Typical time 45 minutes	Wicalcala, Obii	
99327	New Patient - Requires comprehensive history, comprehensive examination,	Medicaid/OBH	
33327	moderate complexity medical decision making, Typical time 60 minutes	Wicalcala, Obii	
99328	New Patient - Requires comprehensive history, comprehensive examination, high	Medicaid/OBH	
33328	complexity medical decision making, Typical time 75 minutes		
99334	Established Patient - Requires problem focused interval history, problem focused	Medicaid/OBH	
3334	examination straight forward medical decision making, Typical time 15 minutes	Wiedicald/OBIT	
	Established Patient - Requires expanded problem focused interval history,		
99335	expanded problem focused examination low complexity medical decision making	Medicaid/OBH	
	Typical time 25 minutes		
99336	Established Patient - Requires detailed interval history, detailed examination	Medicaid/OBH	
33330	moderate complexity medical decision making, Typical time 40 minutes	Wiedicald/OBFI	
	Established Patient - Requires comprehensive interval history, comprehensive		
99337	examination moderate to high complexity medical decision making, Typical time	Medicaid/OBH	
	60 minutes		

II.G.2.E. Home

	Evaluation and Management Services – Home	
Procedure Code	Procedure Code Description	Usage
99341	New Patient - Requires problem focused history, problem focused examination, straight forward medical decision making, Typical time 20 minutes	Medicaid/OBH
99342	New Patient - Requires expanded problem focused history, expanded problem focused examination, low complexity medical decision making Typical time 30 minutes	Medicaid/OBH
99343	New Patient - Requires detailed history, detailed examination, moderate complexity medical decision making, Typical time 45 minutes	Medicaid/OBH
99344	New Patient - Requires comprehensive history, comprehensive examination, moderate complexity medical decision making, Typical time 60 minutes	Medicaid/OBH
99345	New Patient - Requires comprehensive history, comprehensive examination, high complexity medical decision making, Typical time 75 minutes	Medicaid/OBH
99347	Established Patient - Requires problem focused interval history, problem focused examination straight forward medical decision making, Typical time 15 minutes	Medicaid/OBH
99348	Established Patient - Requires expanded problem focused interval history, expanded problem focused examination low complexity medical decision making Typical time 25 minutes	Medicaid/OBH
99349	Established Patient - Requires detailed interval history, detailed examination moderate complexity medical decision making, Typical time 40 minutes	Medicaid/OBH
99350	Established Patient - Requires comprehensive interval history, comprehensive examination moderate to high complexity medical decision making, Typical time 60 minutes	Medicaid/OBH

II.G.2.G. Hospital Observation Services

II.G.2.G.1. Observation Care Discharge Services

The following codes are used to report evaluation and management services to patients designated/admitted as "observation status" in a hospital.

Evaluatio	Evaluation and Management Services – Hospital Observation Services – Observation Care Discharge								
Procedure Code	Usage								
99217	Observation Care Discharge Day Management – provided on a day other than day of admission	Medicaid/OBH							

II.G.2.G.2. Initial Observation Care

Evaluation and Management Services – Hospital Observation Services – Initial Observation Care			
Procedure Code	Procedure Code Description	Usage	
	Requires detailed or comprehensive history, detailed or comprehensive exam, and		
99218	straight forward or low complexity medical decision making, Typical time is 30	Medicaid/OBH	
	minutes		
99219	Requires comprehensive history, comprehensive exam, and moderate complexity	Madicaid/ODU	
	medical decision making, Typical time is 50 minutes	Medicaid/OBH	
99220	Requires comprehensive history, comprehensive exam, high complexity medical	Medicaid/OBH	
	decision making, Typical time is 70 minutes	ivieuicalu/OBH	

II.G.2.G.3. Subsequent Observation Care

Evaluation and Management Services – Hospital Observation Services – Subsequent Observation Care				
Procedure Code	Procedure Code Description	Usage		
99224	Requires problem focused interval history, problem focused exam, and straight	Medicaid/OBH		
	forward or low complexity medical decision making. Typical time is 15 minutes.	ivieuicald/OBH		
99225	Expanded problem focused interval history, expanded problem focused exam, and	Medicaid/OBH		
	moderate complexity medical decision making. Typical time is 25 minutes.			
99226	Requires detailed interval history, detailed exam, high complexity medical	Medicaid/OBH		
	decision making Typical time is 35 minutes.			

II.G.2.H. Consultations

II.G.2.H.1. Office or other Outpatient Consultations

The following codes are applicable to new or established patients and are used to report consultations provided in the office or in an outpatient or other ambulatory facility, including hospital observation services, home services, domiciliary, rest home, or emergency department. Follow up visits in the consultant's office or other outpatient facility that is initiated by the consultant or client is reported using the appropriate codes for established patients, office visits (99211-99215). Domiciliary, rest home (99334-99337), or home (99347-99350). If an additional requests for an opinion or advice regarding the same or a new problem is received from another physician or other appropriate source and documented in the medical record, the office consultation codes may be used again. Service that constitutes transfer of care is reported with the appropriate new or established client codes for office or other outpatient services.

Evaluation and Management Services – Consultations – Office or Other Outpatient Consultations			
Procedure Code	Procedure Code Description	Usage	
99241	Requires problem focused history, problem focused exam straight forward med decision making, Typical time 15 minutes.	Medicaid/OBH	
99242	Requires expanded problem focused history, expanded problem focused exam straight forward med decision making, Typical time 30 minutes	Medicaid/OBH	
99243	Requires detailed history, detailed exam low complexity med decision making, Typical time 40 minutes	Medicaid/OBH	
99244	Requires comprehensive history, comprehensive exam moderate complexity med decision making, Typical time 60 minutes	Medicaid/OBH	
99245	Requires comprehensive history, comprehensive exam high complexity med decision making, Typical time 80 minutes	Medicaid/OBH	

II.G.2.H.2. Inpatient Consultations

Consultations that are medically necessary and performed by physicians are covered services. However, to bill for these services providers should use the inpatient evaluation and management code that most closely represents the level of the service provided.

The CMS guidelines for documenting E&M services should be followed. It is expected that the referring and receiving providers will each document the request for the consultation in their respective medical records. Also it is expected that the referring and consulting providers will communicate with each other on the results of the evaluation, however, it is no longer required that a formal post evaluation report be completed.

Initial consultations should be billed using an initial hospital care code regardless of how many days the client has been in the hospital or partial hospital program. Subsequent consultations that are medically necessary should be billed using the subsequent hospital care codes. Consultations are distinguished from attending physician services through the use of an AI modifier on all attending physician services.

Consultation procedure codes (99251-99255) may also be used for psychiatric consultations rendered in Nursing Facilities (NF).

The code pages for inpatient consultation E&M codes 99251 – 99255 are listed in Section F. Please see pages 95-98 for guidance on billing E&M codes 99251 – 99255. Code 99255 follows the same guidelines as codes 99251 – 99254, except the medical decision making is of high complexity and typically 110 minutes are spent at the patient's bedside.

III. Time Documentation Rules/Standards

When documenting, reporting and/or billing Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) procedure codes, the units of service should be consistent with the time component defined in the procedure code description. CPT® and HCPCS procedure codes include both "timed" and "untimed" procedure codes.

- "Timed" procedure codes specify a direct (i.e., face-to-face) time increment in the procedure code description. The direct time component is only that time spent with the client and/or family. Non-face-to-face time (i.e., pre- and post-encounter time) is not included in the calculation of the time component. Examples of time-specific services are psychological testing (1 hour), psychotherapy (from 20 30 minutes up to 70 80 minutes), and case management (15 minutes).
- "Untimed" procedure codes do not include specific direct (i.e., face-to-face) time increments in the procedure code description. These procedure codes represent a service or procedure without regard to the length of the encounter. If there is no designated time in the procedure code description, the procedure code is reported or billed as one (1) unit (i.e., session, encounter),¹¹⁸ regardless of the number of minutes spent rendering the service. Examples of "untimed" services are psychiatric diagnostic interview exam, medication management, and outreach.
- A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and sixty minutes). A second hour is attained when a total of 91 minutes have elapsed.

III.A. Fifteen (15) Minute Time-Based Procedure Codes

Some CPT® and HCPCS procedure codes specify that the direct (i.e., face-to-face) time spent in client contact is 15 minutes. The provider reports or bills these procedure codes with the appropriate number of 15-minute units of service using the following time intervals:

Determining Billing Units for 15 Minute Timed Procedure Codes				
# of 15 Minute Units	Duration			
1 unit	Greater than or equal to (≥) 8 minutes and less than (<) 23 minutes*			
2 units	≥ 23 minutes to < 38 minutes			
3 units	≥ 38 minutes to < 53 minutes			
4 units	≥ 53 minutes to < 68 minutes			
5 units	≥ 68 minutes to < 83 minutes			
6 units	≥ 83 minutes to < 98 minutes			
7 units	≥ 98 minutes to < 113 minutes			
8 units	≥ 113 minutes to < 127 minutes			

The pattern continues in the same way for service times in excess of two (2) hours. For all services, providers should not report or bill services rendered for less than eight (8) minutes. For case management services (T1017) providers may **not** bill services rendered for less than eight (8) minutes, however bundling of these services is acceptable. If a provider reports or bills a service rendered for less than 15 minutes (i.e., 8 to 15 minutes), the provider should append the procedure code with the modifier 52 (Reduced Services). The expectation (based on the work values of these procedure

Uniform Service Coding Standards Manual 2015

codes) is that a provider's time for each unit of service averages 15 minutes in duration. If a provider has a practice of reporting or billing less than 15 minutes for a unit, those situations should be reviewed.

While the above table provides guidance in rounding time into 15-minute increments, it does not imply that any minute until the eighth should be excluded from the total count. The time of direct (i.e., face-to-face) treatment includes all time spent in client contact. The start and end time of the treatment service should be routinely documented in the client's clinical record as part of the progress note. 119

III.B. One Hour Time-Based Procedure Codes

Some CPT and HCPS procedure codes specify that the direct (i.e. face-to-face) time spent in client contact is 1 hour. The provider reports of bills these procedure codes with the appropriate number of 1-hour units of service using the example time intervals given in the table below. The pattern continues in this manner.

Determining Billing Units for 1-Hour or 60 Minutes Timed Procedure Codes				
# of 60 Minute Units	Duration			
1 unit	Greater than or equal to (≥) 31 minutes and less than (<) 91 minutes*			
2 units	≥ 91 minutes to < 151 minutes			
3 units	≥ 151 minutes to < 211 minutes			
4 units	≥ 211 minutes to < 271 minutes			
5 units	≥ 271 minutes to < 331 minutes			
6 units	≥ 331 minutes to < 391 minutes			
7 units	≥ 391 minutes to < 451 minutes			

III.C. Time-Based Encounter Procedure Codes

Some CPT® and HCPCS procedure codes are reported as encounters (1 unit), but also specify an approximate amount of direct (i.e., face-to-face) time in the procedure code description. For example, the CPT® procedure codes 90832 – 90838 for individual psychotherapy state "approximately 'x' minutes face-to-face with the patient." If the amount of time spent directly with the client fall into the gap between the two sequential time-based procedure codes, a provider should follow Appendix H 'Time Standards'. 120

HCPCS procedure codes G0176 – G0177 for partial hospitalization program (PHP) activity therapy and training and education services parenthetically state "45 minutes or more." Encounters (i.e., sessions) of less than 45 minutes should be reported or billed with modifier 52 (Reduced Service) to indicate that the service is reduced or less extensive than the usual procedure. ¹²¹

The actual start and stop time or the total amount of time (i.e., duration) spent with a client must be documented to support coding for encounters based on time. 122

250

III.D. **Consultation Services**

Consultation Services are distinguished from other evaluation and management (E/M) services because a Physician or

qualified non-physician practitioner (NPP) is requested to advise or opine regarding E/M of a specific client by another

Physician or other appropriate source. Consultations may be reported or billed based on time if the counseling and/or

coordination of care comprise more than 50% of the face-to-face consultant-client encounter. 123 (Refer to Section IV.C.)

III.E. **Missed Appointments**

There are no procedure codes for Missed Appointments (i.e., cancellations and/or "no shows"). A Missed Appointment is

a "non-service" and is not reimbursable or reportable. Per state and federal guidelines, Medicaid clients cannot be

charged for missed appointments. From a risk management perspective, however, Missed Appointments should be

documented in the clinical record. 124

Procedure Coding Best Practices IV.

Coding consistency is a major initiative in the quest to improve quality reporting and accurate claims submission for

behavioral health (BH) services. Adherence to industry standards and approved coding principles ensure quality along

with consistency in the reporting of these services. Ensuring accuracy of coding is a shared responsibility among all

behavioral health (BH) practitioners. Through coding accuracy, behavioral health organizations (BHOs), community mental

health centers (CMHCs) and other community-based practitioners, are able to measure standards of care, assess quality

outcomes, manage business activities and receive timely reimbursement. This section provides an overview of best

practice guidance for coding behavioral health (BH) services.

IV.A. **Clinical Coding Systems**

The clinical coding systems currently used in the United States are the International Classification of Diseases, Ninth

Revision, Clinical Modification (ICD-9-CM)¹²⁵ and the Healthcare Common Procedure Coding System (HCPCS). ¹²⁶ These

clinical coding systems are used by HCPF for both the Colorado Medicaid Community Mental Health Services Program and

the Colorado Medical Assistance Program (MAP).

ICD-9-CM is the official system of assigning codes to diagnoses and procedures used by all health care settings, including hospitals, physicians, nursing homes (NHs), home health agencies and other providers. ICD-9-CM procedure

codes are used to collect hospital inpatient procedural data. ICD-9-CM code selection follows the Official ICD-9-CM Guidelines for Coding and Reporting, 127 developed cooperatively by the American Hospital Association (AHA), the

American Health Information Management Association (AHIMA), the Centers for Medicare and Medicaid Services (CMS), and the National Center for Health Statistics (NCHS). These guidelines are a companion document to the ICD-

9-CM, and while not exhaustive, assist the user in situations where the ICD-9-CM does not provide direction. The ICD-

9-CM is updated annually, effective October 1st.

Uniform Service Coding Standards Manual 2015

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The procedure codes contained in this *USCS Manual* are part of the Healthcare Common Procedure Coding System (HCPCS). HCPCS is the standardized coding system for describing the supplies and services provided in the delivery of health care. Use of HCPCS codes was voluntary until the implementation of HIPAA, when the use of HCPCS codes for health care information transactions became mandatory.¹²⁸ HCPCS currently includes two levels of codes:

- HCPCS Level I consists of the Current Procedural Terminology (CPT®), Fourth Edition,¹²⁹ a numeric coding system maintained by the American Medical Association (AMA). The CPT® is a uniform coding system comprised of descriptive terms and more than 8,000 codes used to identify medical services and procedures rendered by physicians and other health care professionals. CPT® code selection follows the guidelines set forth in the current CPT® manual and in the AMA CPT® Assistant newsletters. The CPT® is updated annually by the AMA CPT® Editorial Panel, effective January 1st.
- HCPCS Level II (commonly referred to as HCPCS) is a standardized alphanumeric (a single alphabetical letter followed by four numeric digits) coding system used to describe and identify equipment, supplies, and services not included in the Level 1 (CPT®) codes. HCPCS code selection follows the guidelines set forth by CMS in HCPCS Level II Coding Procedures.¹³⁰ The more than 8,000 Level II codes are maintained and revised by CMS annually, effective January 1st, with guarterly updates.

These clinical coding systems serve an important function for provider reimbursement, hospital payments, quality review, benchmarking measurement, and the collection of general statistical data. Current and updated ICD-9-CM, CPT® and HCPCS Level II code books are an invaluable resource used by all professionals assigning procedure codes, and thus a printed and/or electronic copy of the coding manuals should be available for reference by qualified staff. For additional detailed information and guidance, providers are strongly encouraged to refer to the most recently published editions of the standardized manuals for each procedure code set.

IV.B. Responsibility for Code Assignments

The ultimate responsibility for procedure code assignment lies with the rendering behavioral health (BH) services provider. Policies and procedures may document instances where procedure codes may be selected and assigned by authorized individuals (i.e., coders), who may change a procedure code to more accurately reflect the provider's documentation. However, collaboration with the provider is required, as the provider is ultimately responsible for the coding and documentation.

IV.C. General Procedure Coding Requirements

The following are general procedure coding requirements that are applicable to behavioral health organizations (BHOs), community mental health centers (CMHCs), and substance abuse (SA) treatment service providers:

- Instructions for payer-specific (e.g., Medicaid, Medicare, third party insurance) procedure coding requirements should be readily accessible to all staff. These instructions should also be regularly reviewed and updated as needed to accurately reflect current payer-specific standards.
- Specific and detailed procedure coding guidelines should be utilized to report all services to payers. These guidelines should also be regularly reviewed and updated as needed.

- All clinicians should interpret clinical documentation and apply procedure coding principles in the same manner.
- Procedure codes should not be assigned, modified, or excluded solely for maximizing reimbursement.
- Clinical service or procedure codes should not be changed or amended due to a provider's or client's request to have the service in question covered by a payer.
- If the initial procedure code assignment does not reflect the actual service(s), procedure codes may be revised based on supporting documentation.
- Procedure coding references, BHO- and/or CMHC-specific guidelines, and regulatory requirements outlining reporting procedures should be readily accessible to all staff. These documents should also be regularly reviewed and updated as needed. According to the American Medical Association (AMA) Current Procedural Terminology (CPT®) instructions, providers should "select the name of a procedure that *accurately* identifies the service performed. Do *not* select a CPT® code that *merely approximates* the service provided." When an "accurate" procedure code does *not* exist to describe the service or procedure, the provider should do one (1) of the following:
 - 1. Use an unlisted CPT® procedure code (e.g., 90899) and include a "special report" as supporting documentation
 - 2. Append a CPT® procedure code with an appropriate modifier (e.g., 22, 52)
 - 3. Use an appropriate Healthcare Common Procedure Coding System (HCPCS) procedure code¹³²

For reporting and/or billing purposes, the clinical record documentation should always precede the CPT® or HCPCS procedure code(s) selection. The following steps, in sequential order, are essential to the process of rendering, documenting, and reporting or billing behavioral health (BH) services:

- 1. Determine that the service or procedure is medically necessary
- 2. Render the service or procedure needed to meet the client's needs.
- 3. Document the service rendered in the clinical record.
- 4. Select the most appropriate CPT® or HCPCS procedure code for the service or procedure.
- 5. Report the service or procedure encounter, or submit a claim for the service or procedure rendered. 133

IV.D. Technical Documentation Requirements

Where noted in the code pages, the following are required as minimum documentation for providing that service:

- 1. Date of Service (DOS)
- 2. Start and end time/duration of session (total face-to-face time with client)
- 3. Session setting/place of service
- 4. Mode of treatment (face-to-face, telephone, video)
- 5. Provider's dated signature, degree, title/position
- 6. Separate progress note for each service

IV.E. Correcting Inaccurate Code Assignments & Processing Claim Rejections

Each behavioral health organization (BHO), community mental health center (CMHC), and substance abuse (SA) treatment service provider should have a defined process for correcting inaccurate code assignments, both in the clinical record (electronic or hard copy) and with the payer and/or agency to whom the code is reported. In the event an error is

discovered after claim submission, a correction should be facilitated on a claim amendment and re-submitted with appropriate documentation, following the payer-specific instructions. Additionally, all rejected claims pertaining to diagnosis and procedure codes should be reviewed and corrected promptly. (Refer to Section V.)

IV.F. Coding Audits

Audits are generally performed for two (2) reasons:

- Revenue reasons To ensure that the provider is properly reporting and/or billing services or procedures
- Compliance reasons To ensure that the provider is only reporting and/or billing the services or procedure rendered¹³⁴

Audits can provide a wide variety of information, including but not limited to:

- Incorrect levels of service
- Under- and over-coding
- Improper use of modifiers

- Compliance concerns
- Comparison of coding patterns and trends
- Documentation/electronic health record (EHR) issues¹³⁵

While the Office of the Inspector General (OIG) recommends that providers should, at a minimum, audit at least five (5) progress notes every year, many coding professionals recommend auditing more frequently to ensure that the parameters for accurate coding are being met. Standard audits should be performed quarterly, or as needed, if issues exist in the coding and reimbursement process. A minimum of 30 random records per provider should be selected and audited at five percent (5%). Target audits should be performed for specific areas of concern based on the standard audit. The accuracy rate should be determined according to behavioral health organization (BHO), community mental health center (CMHC), and/or substance abuse treatment service provider policies and procedures, as applicable. Addit results should be reported to leadership, compliance staff, and providers. Data from the audit process provides the information necessary for relevant changes and data quality improvements.

"Rules" for Coding Audits		
Rule #1 Select clinical records randomly		
Rule #2	Do not review your own documentation	
Rule #3	Use the same rules and regulations as the auditors	
Rule #4	Keep coding audit results professional and educational	
Rule #5	Work to correct errors	

IV.G. Data Quality

Inaccurate and/or missing data poses increased challenges for data quality, which in turn affects client care. While various information networks are developing and implementing information exchange networks, data accuracy and quality often becomes an issue.

Consequently, data quality affects statistical reporting and reimbursement. When data is improperly coded or does not meet coding compliance, it not only affects the client, but also the submitting or billing provider. Improving data quality by maximizing coding efforts increases the quality of client care and initiates a positive chain reaction of data.

Client privacy is also a critical issue in a network environment. Data inaccuracy is propagated to other data sets, systems and warehouses. Data errors can compromise personal health information (PHI). Practicing accurate data quality by focusing on errors and initiating corrections promptly maintains compliance, as well as cost effectiveness.

It is critical to address data quality issues by reviewing areas for improvement and developing strategies to minimize inaccurate data. The behavioral health organizations (BHOs), community mental health centers (CMHCs), and substance abuse treatment service providers should continue to develop cultures of data consciousness and quality.

IV.H. Coding Codes of Ethics

There are several national professional coding organizations that place an emphasis on codes of ethics:

National Professional Coding Organizations with Codes of Ethics		
American Academy of Professional Coders (AAPC)	⁴ http://www.aapc.com	
American College of Medical Coding Specialists (ACMCS)	⁴ http://acmcs.org	
American Health Information Management Association (AHIMA)	1 http://www.ahima.org	

V. General Billing Guidelines

Billing and reimbursement are important issues for all providers. Providers are responsible for submitting the required information for claims processing. This section is designed to assist providers with the essential steps to obtain Medicaid reimbursement. Covered topics include types of claims, completing claims forms, submitting claims, billing tips, procedure coding errors, and diagnosis coding.

The Department of Health Care Policy and Financing (HCPF) contracts with behavioral health organizations (BHOs) under a capitated system of care. This section outlines general billing guidelines for the Colorado Medicaid Community Mental Health Services Program (through the BHOs). For complete billing guidelines, refer to the following resources:

Colorado Behavioral Health Organizations (BHOs)		
Access Behavioral Care (ABC)	⁴ http://www.coaccess.com	
Behavioral Healthcare, Inc. (BHI)	1 http://www.bhicares.org	
Colorado Health Partnerships (CHP) dba Colorado Health Networks (CHN)	† http://www.chnpartnerships.com	
Foothills Behavioral Health Partners (FBHP)	1 http://www.fbhpartners.com	
Northeast Behavioral Health Partnership (NBHP)	1 http://www.nbhpartnership.com	

V.A. Claim Types

All claims for services must be submitted in an approved claim format. The two (2) approved claim formats are:

- UB-04/837I The standard uniform bill (UB) for institutional healthcare providers (i.e., hospitals, nursing homes (NHs), hospice, home health agencies, and other institutional providers) used nationally. (Also known as CMS-1450; formerly known as UB-92.) The UB-04 is used for all institutional provider billing with the exception of the professional component of physicians services (see CO-1500 below). 837I is the electronic equivalent of the UB-04, and is subject to all HIPAA standards (transactions, privacy and security).
- CO-1500/837P The standard claim form for professional health services. (Formerly known as CMS-1500 or HCFA-1500.) The 1500 claim form was developed primarily for outpatient services.

V.A.1. Institutional Claims

Institutional claims are submitted on the UB-04 paper or electronic 837I claim form. The following provider types use the UB-04/837I claim form:

- Inpatient Hospital
- Nursing Facility (NF)
- Home Health/Private Duty Nursing
- Hospice
- Residential Treatment Center (RTC)
- Dialysis Center

- Outpatient Hospital
- Outpatient Laboratory
- Hospital-Based Transportation
- Rural Health Clinic
- Federally Qualified Health Center (FQHC)¹³⁷

Providers bill the appropriate BHO for the Medicaid behavioral health services rendered. For detailed instructions on completing the UB-04, refer to the Colorado MAP Billing Manuals;¹³⁸ the 837I Transaction Data Guide; the 837I Implementation Guide or the Web Portal User Guide; and/or the appropriate BHO provider manual.

V.A.2. Professional Claims

Professional claims are submitted on a paper CMS-1500 claim form or in the electronic 837 Professional 4010A1 (837P) format. Paper CMS-1500 forms must be submitted using the scannable, red ink version. The following services are billed on the CO-1500/837P claim format:

- Practitioner Services
- Independent Laboratory Services
- Durable Medical Equipment and Supplies (DME)
- Non-Hospital Based Transportation
- Home and Community-Based Services (HCBS)

Providers bill the appropriate BHO for the Medicaid behavioral health services rendered. For detailed instructions on completing the CMS-1500, refer to the Colorado MAP Billing Manuals;¹³⁹ the National Uniform Claim Committee (NUCC) 1500 Claim Form Map to the X12 837 Health Care Claim: Professional;¹⁴⁰ the 837P Transaction Data Guide; the 837P Implementation Guide or the Web Portal User Guide; and/or the appropriate BHO provider manual.

V.B. Claims Form Completion

All required information on claim formats must be complete. For comprehensive claims form completion guidelines, refer to the appropriate BHO web site and/or provider manual.

V.B.1. Completing the UB-04 Claim Format¹⁴¹

The UB-04 claim contains 81 data entry fields called form locators (FLs), which are designated spaces on the claim identified by a unique number and title. Providers submitting UB-04 claims should verify the requirements of each BHO.

	UB-04 Claim Specifications			
UB- 04 FL#	Data Element	Description		
1	Provider Data	Enter the provider's name, address (post office box or street name and number), city, state (standard 2 character post office abbreviations) and ZIP code (5- or 9-digit). Provider's telephone and/or facsimile numbers are desirable.		
2	Pay-To	Enter the provider's name, address, city, state and ZIP code, if the pay-to information is different from the billing provider information in FL1 above. Otherwise, leave this field blank.		
3a	Patient Control Number	Enter the alphanumeric control number assigned by the provider to facilitate retrieval of patient financial records and for posting payments.		
3b	Medical Record Number	Enter the medical record number if assigned by the provider to facilitate retrieval of patient records. Otherwise, leave blank.		
4	Type of Bill (TOB)	Enter a valid 4-digit type of bill (TOB) classification number: 1st digit: Leading Zero 3rd digit: Bill Classification 2nd digit: Type of Facility 4th digit: Frequency (Refer to the AHA UB-04 Uniform Billing Manual for a list of codes)		
5	Federal Tax ID Number (TIN)	Enter the facility's 10-digit provider federal tax identification number (TIN), starting with 84, in 00-00000000 format.		
6	Statement Covers Period	Enter the beginning and ending dates of the period included on this claim in MMDDYY format.		
7	Unlabeled	Leave blank.		
8a	Patient Identifier	Enter the patient's payer identification (ID) number, if different from the subscriber/insured ID number in FL60. Otherwise, leave blank.		
8b	Patient Name	Enter patient's last name, first name, and middle initial (if any). Use commas to separate the last, first and middle names. If the patient's last name contains a prefix, do not enter a space after the prefix. If the patient's last name contains a suffix, enter the suffix between the last and first names (i.e., Last Name Suffix, First Name).		
9a – 9e	Patient Address	9a: Enter the patient's street address. 9b: Enter the patient's city. 9c: Enter the patient's state. 9d: Enter the patient's 5- or 9-digit ZIP code. 9e: Enter the patient's country code, if the patient resides outside of the United States.		
10	Patient Birth Date	Enter the patient's date of birth (DOB) in MMDDYYYY format. If the patient's DOB is unknown, enter 00000000 in this field.		
11	Patient Gender	Enter the patient's gender as a 1-character letter: M = Male, F = Female		
12	Admission Date	Enter the inpatient date of admission, or home health start of care date, in MMDDYY format.		
13	Admission Hour	Enter the code that best indicates patient's time of admission.		
14	Type of Admission	Enter the 1-digit code that best indicates the reason for admission/visit: 1 = Emergency 5 = Trauma Center 2 = Urgent 6 - 8 = Reserved for National Assignment 3 = Elective 9 = Information Not Available 4 = Newborn		
15	Source of Admission	Enter the 1-digit code that best indicates the source of admission/visit: 1 = Physician Referral		
16	Discharge Hour	Enter the code that best indicates the patient's time of discharge from inpatient care.		

Uniform Service Coding Standards Manual 2015 Revised: May 1, 2015

Effective: July 1, 2015

258

	UB-04 Claim Specifications (continued)			
UB-				
04	Data Element	Description		
FL#				
17	Patient Status	Enter the 2-digit patient status code for this billing period: 01 = Discharged to Home/Self-Care (Routine Discharge) 02 = Discharged/Transferred to Another Short-Term General Hospital 03 = Discharged/Transferred to an SNF 04 = Discharged/Transferred to an Intermediate Care Facility (ICF) 05 = Discharged/Transferred to Another Type of Institution Not Elsewhere in this Code List 06 = Discharged/Transferred to Home Under Care of an Organized Home Health Services Organization 07 = Left Against Medical Advice (AMA) or Discontinued Care 08 = Reserved for National Assignment 09 = Admitted as an Inpatient to This Hospital 10 = 19 = Reserved for National Assignment 20 = Expired (or Did Not Recover - Religious Non-Medical Health Care Patient) 21 = 29 = Reserved for National Assignment 30 = Still Patient or Expected to Return for Outpatient Services 31 = 39 = Reserved for National Assignment 40 = Expired at Home 41 = Expired in a Medical Facility (e.g., Hospital, SNF, ICF) 42 = Expired - Place Unknown 43 = Discharged/Transferred to Federal Health Care Facility (e.g., VA or DOD hospital) 44 = 49 = Reserved for National Assignment 50 = Discharged/Transferred to Hospice (Home) 51 = Discharged/Transferred to Hospice (Medical Facility) 52 = 60 = Reserved for National Assignment 61 = Discharged/Transferred Within This Institution to Hospital-Based Medicare-Approved Swing Bed 62 = Discharged/Transferred to Inpatient Rehabilitation Facility Including Distinct Parts/Units of Hospital 64 = Discharged/Transferred to Nursing Facility (NF) Certified Under Medicaid But Not Certified Under Medicare 55 = Discharged/Transferred to Orychiatric Hospital or Psychiatric Distinct Part/Unit of Hospital 66 = Discharged/Transferred to Critical Access Hospital 67 = 99 = Reserved for National Assignment		
18 – 28	Condition Codes	Enter the 2-digit code (in numerical order) that describes any of the conditions or events that apply to this billing period. Otherwise, leave blank. For a comprehensive list of condition codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .		
29	Accident State	Leave blank.		
30	Unlabeled	Leave blank.		
31 - 34	Occurrence Code(s) and Date(s)	Enter the 2-digit occurrence code(s) and associated date(s) (MMDDYY) to report specific event(s) related to this billing period, if condition code(s) were entered in FL18 – 28 above. Otherwise, leave blank. For a comprehensive list of occurrence codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .		
35 – 36	Occurrence Span Code(s) and Date(s)	Enter the occurrence span code(s) and beginning/ending date(s) (MMDDYY) defining a specific event relating to this billing period. For a comprehensive list of occurrence codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .		
37	Unlabeled	Leave blank.		
38	Responsible Party Name and Address	Enter the responsible party's last name, first name, and middle initial (if any). Use commas to separate the last, first and middle names. If the responsible party's last name contains a prefix, do not enter a space after the prefix. If the responsible party's last name contains a suffix, enter the suffix between the last and first names (i.e., Last Name Suffix, First Name). Enter the responsible party's street address, city, state, and ZIP code (5- or 9-digit).		

	UB-04 Claim Specifications (continued)			
UB- 04 FL#	Data Element	Description		
39 – 41	Value Codes and Amount	Enter the 2-character value code(s) and dollar/unit amount(s) that identify data of a monetary nature necessary for processing this claim. Negative amounts are not allowed, except in FL41. If more than one value code is entered for the same billing period, enter in ascending numeric sequence. For a comprehensive list of value codes, refer to Chapter 25 of the <i>Medicare Claims Processing Manual</i> .		
42	Revenue Codes	Enter the 4-character revenue code(s) that identify specific accommodations, ancillary services or billing calculations. Revenue codes explain charges entered in FL47. Because there is no fixed "total" line, enter revenue code 0001, Total Charge, as the final entry in this field. Bill in following sequence: • Chronologically for accommodation dates • Ascending numeric sequence, and do not repeat on the same bill, for revenue codes For a comprehensive list of revenue codes, refer to Chapter 25 of the Medicare Claims Processing Manual.		
43	Revenue Code Description	Enter the narrative description (or standard abbreviation) for each revenue code reported in FL42 on the adjacent line in this field. (This information assists in bill review by the facility/provider and payer.)		
44	Healthcare Common Procedure Coding System (HCPCS)/Rates	For inpatient claims, enter the accommodation rate. For outpatient claims, enter the CPT®/HCPCS procedure code that best describes the outpatient services or procedures.		
45	Service Date	Enter the date of service (DOS) for each line item, including "from" and "through" dates, in MMDDYY format.		
46	Units of Service	Enter the number of units that quantify services reported as revenue codes (see FL 42 above) (e.g., number of days for accommodation). For HCPCS procedure codes, units equal the number of times the procedure/service was rendered, unless a time unit is specified for the procedure code.		
47	Total Charges	Enter charges for procedures/services reported as revenue codes (FL42) on each line, considering service units (FL46) in the calculations. (Service units (FL46) X value of revenue code (FL42) = Charges) Enter the sum of all charges reported on the last line (Same line as revenue code 0001).		
48	Non-Covered Charges	Enter non-covered charge(s) (e.g., day after active care ended) if related revenue codes were entered in FL42. Do not enter negative charges.		
49	Unlabeled	Leave blank.		
50A – C	Payer Name	Enter the name of each health insurance payer that may have full or partial responsibility for charges incurred by patient and from whom provider might expect some reimbursement. If there are other payers, the BHO or MAP should be the last entry. Line A: Primary Payer Line B: Secondary Payer Line C: Tertiary Payer		
51A - C	Provider ID Number	Enter the payer's national health plan identifier.		
52A - C	Release of Information (ROI)	Enter the appropriate identifier for ROI certification, which is needed to permit the release of data to other organizations to adjudicate (process) the claim: I = Informed consent to release medical information for conditions/diagnoses regulated by federal statutes Y = Provider has on file a signed statement permitting the release of medical/billing data related to a claim		
53A – C	Assignment of Benefits Certification Indicator	Enter the appropriate code identifying whether the provider has a signed form authorizing party payer to pay provider.		

	UB-04 Claim Specifications (continued)			
UB- 04 FL#	Data Element	Description		
54A – C	Prior Payments	Enter the sum of payments collected from any payer, including the patient, toward payer deductibles/coinsurance. Attach a copy of the Explanation of Benefits (EOB) to the claim, as applicable. 0 = No payment received as result of billing; indicates that a reasonable attempt was made to determine the available coverage for services rendered.		
55A – C	Estimated Amount Due From Patient	Leave blank.		
56	National Provider Identifier (NPI)	Enter the billing provider's NPI.		
57A – C	Other Provider Identifier	Leave blank.		
58A – C	Insured's Name	Enter the name of the insured, as verified on the patient's health insurance card, on the same lettered line (A, B, or C) that corresponds to the line on which payer information was entered in FL50A – C.		
59A – C	Patient's Relationship to Insured	Enter the appropriate "patient's relationship to subscriber/insured" code: 01 = Spouse 39 = Organ Donor 18 = Self 40 = Cadaver Donor 19 = Child 53 = Life Partner 20 = Employee G8 = Other Relationship 21 = Unknown		
60A – C	Insured's Unique Identification (ID) Number	Enter the patient's health insurance claim number on the same lettered line (A, B, or C) that corresponds to the line on which payer information was entered in FL50A – C.		
61A - C	Insured's Group Name	Enter the name of the health insurance group on the same lettered line (A, B, or C) if workers' compensation or an employer group health plan (EGHP) was entered in FL50A – C.		
62A – C	Insured's Group Number	Enter the group number (or other ID number) of the health insurance group on the same lettered line (A, B, or C) if workers' compensation or an employer group health plan (EGHP) was entered in FL50A – C.		
63A - C	Treatment Authorization Code	Enter the treatment service authorization code or referral number assigned by the payer if procedures/services reported on this claim were prior authorized or a referral was required.		
64A – C	Document Control Number	Enter the control number assigned to the original bill by the health plan or the health plan's fiscal agent as part of their internal control if this is not the original UB-04 submitted for the procedures/services provided (e.g., this UB-04 is a corrected claim).		
65A – C	Employer Name	Enter the name of the employer that provides health care coverage for the insured (identified on the same line in FL58) if workers' compensation or an employer group health plan (EGHP) was entered in FL50A – C.		
66	Diagnosis Version Qualifier	Enter the indicator to designate which version of the <i>International Classification of Diseases</i> (ICD) was used to report diagnosis codes: 9 = Ninth Revision 0 = Tenth Revision		
67	Principal Diagnosis Code	Enter the <i>International Classification of Diseases</i> (ICD) code for the principal diagnosis (hospital inpatient) or the first-listed diagnosis (hospital outpatient), as determined after examination/assessment. The ICD code should match the prior service authorization, if authorization has been obtained. Do not enter the decimal in the ICD code (e.g., 29682 instead of 296.82).		
67A – H	Other Diagnosis Code(s)	Enter the <i>International Classification of Diseases</i> (ICD) codes for up to eight (8) additional diagnoses if they co-existed (in addition to the principal diagnosis) at the time of admission or developed subsequently, and which had an effect upon the treatment or length of stay (LOS) (hospital inpatient) or if they co-existed in addition to the first-listed diagnosis (hospital outpatient). Do not enter the decimal in the ICD code (e.g., 29682 instead of 296.82).		
67I – Q	Other Diagnosis Code(s)	Leave blank.		

Uniform Service Coding Standards Manual 2015 Revised: May 1, 2015

	UB-04 Claim Specifications (continued)			
UB-		ob o i diami opedinations (tontinaea)		
04	Data Element	Description		
FL#				
68	Unlabeled	Leave blank.		
69	Admitting Diagnosis Code	Enter the <i>International Classification of Diseases</i> (ICD) code for the admitting diagnosis, which is the condition identified by the physician at the time of the patient's admission to the hospital.		
70a – c	Patient's Reason for Visit Diagnosis Code	Enter the <i>International Classification of Diseases</i> (ICD) code for the patient's reason for visit (e.g., sign, symptom, diagnosis) if the patient received care for an unscheduled outpatient visit (e.g., emergency department).		
71	Prospective Payment System (PPS) Code	Leave blank.		
72a – c	External Cause of Injury (ECI) (E-Codes)	Leave blank.		
73	Unlabeled	Leave blank.		
74	Principal Procedure Code and Date	Enter the <i>International Classification of Diseases</i> (ICD) code for the principal procedure if an inpatient procedure was performed. Enter the date in MMDDYY format. Do not enter the decimal in the ICD code. Leave this FL blank for outpatient claims.		
74a – e	Other Procedure Code(s) and Date(s)	Enter the <i>International Classification of Diseases</i> (ICD) code(s) if additional inpatient procedure(s) were performed. Enter the date in MMDDYY format. Do not enter the decimal in the ICD code. Enter the codes in descending order of importance. Leave this FL blank for outpatient claims.		
75	Unlabeled	Leave blank.		
76	Attending Provider Name and identifiers	Enter the name and NPI of the attending provider (i.e., the individual who has overall responsibility for the patient's care and treatment reported on this claim) for all claims except those submitted for nonscheduled transportation services. Leave the QUAL field blank.		
77	Operating Physician Name and NPI	Enter the name and NPI of the operating physician if a surgical procedure <i>International Classification of Diseases</i> (ICD) code is reported on this claim. Leave the QUAL field blank.		
78 – 79	Other Provider Name and NPI	 Enter the name and NPI of the provider corresponding to the following qualifier codes: DN = Referring Provider (The provider who sends the patient to another provider for services. Required on outpatient claims when the referring provider is different from the attending provider.) ZZ = Other Operating Physician (The individual who performs a secondary surgical procedure or assists the operating physician. Required when an operating physician is involved.) 82 = Rendering Provider (The health care professional who delivers or completes a particular medical service or non-surgical procedure. Required when State or federal regulations call for a combined claim, such as a claim that includes both facility and professional fee components.) 		
80	Remarks	 Enter remarks for the following situations: DME billings (provider enters rental rate, cost and anticipated months of usage so that payer may determine whether to approve the rental or purchase or the equipment) Medicaid is not primary payer (because workers' compensation, EGHP, automobile medical, no-fault or liability insurer is primary) Other information not entered elsewhere on the UB-04, which is necessary for proper payment 		
81a – d	Code – Code	Enter the code qualifier and additional codes (e.g., occurrence codes) as related to an FL or to report from the external code list approved by the National Uniform Claim Committee (NUBC) for inclusion in the institutional data set: 01 – A0 = Reserved for National Assignment A1 = NUBC Condition Codes A5 – B0 = Reserved for National Assignment A2 = NUBC Occurrence Codes B3 = Health Care Provider Taxonomy Code A3 = NUBC Occurrence Span Codes B4 – ZZ = Reserved for National Assignment Code Source: ASC X12 External Code Source 682, NUBC		

NOTE: Enter the appropriate data in the PAGE __ OF __ (e.g., 1 OF 1) and CREATION DATE (e.g., date UB-04 was submitted to payer) fields.

Uniform Service Coding Standards Manual 2015

Revised: May 1, 2015 Effective: July 1, 2015

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V.B.2. Completing the CMS-1500 Claim Format¹⁴²

Providers submitting CMS-1500 claims should verify the requirements of each BHO.

CMS-1500 Claim Specifications			
CMS - 1500 Field #	Data Element	Description	
N/A	Carrier Block	Enter in the white, open area the name and address of the payer to whom this claim is being sent. Enter the name and address in the following format: First Line: Name Second Line: First address line Third Line: Second address line (Leave blank if not applicable) Fourth Line: City, State (2 characters) and ZIP Code Do not use commas, periods or other punctuation in the address. When entering a 9-digit ZIP code, include the hyphen.	
Fields 1 –	13: Patient and Insure	d Information	
1	Type of Health Insurance Coverage Applicable to Claim	Indicate the type of health insurance coverage applicable to this claim by entering an "X" in the appropriate box. Only mark one box.	
1a	Insured's ID Number	Enter insured's identification number as shown on insured's identification card for the payer to whom this claim is being submitted.	
2	Patient's Name	This is the name of the person who received the service/procedure. Enter the patient's last name, first name and middle initial, using commas to separate the last, first and middle names. If the patient uses a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name (i.e., last name, suffix, first name, middle initial). Hyphens may be used for hyphenated names. Do not use periods within the name. Do not include titles (e.g., Sister, Capt, Dr) and/or professional suffixes (e.g., PhD, MD, Esq) with the name.	
3	Patient's DOB/ Gender	Enter the patient's 8-digit date of birth (DOB) in MMDDYYYY format. Enter an "X" in the appropriate box for the patient's gender. Only mark one box. If the patient's gender is unknown, leave the boxes blank.	
4	Insured's Name	This is the name of the person who holds the insurance policy. Enter the insured's last name, first name and middle initial, using commas to separate the last, first and middle names. If the insured uses a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name (i.e., last name, suffix, first name, middle initial). Hyphens may be used for hyphenated names. Do not use periods within the name. Do not include titles (e.g., Sister, Capt, Dr) and/or professional suffixes (e.g., PhD, MD, Esq) with the name. If the insured is the same as the patient (field 2), enter "same" in this field.	
5	Patient's Address	This is the patient's permanent address. Enter the patient's mailing address and telephone number: First Line: Street address Second Line: City and State Third Line: ZIP Code and Telephone Number Do not use commas, periods or other punctuation in the address. When entering a 9-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator in the telephone number. (NOTE: Patient's Telephone does not exist in the electronic 837P format.)	
6	Patient Relationship to Insured	Enter an "X" in the appropriate box to indicate the patient's relationship to the insured, if field 4 is completed. Only mark one box.	

	CMS-1500 Claim Specifications, cont.			
CMS - 1500 Field #	Data Element	Description		
Fields 1 – 13	3: Patient and Insured	Information, continued		
7	Insured's Address	This is the insured's permanent address. If field 4 is complete, then this field should be completed by entering the insured's mailing address and telephone number: First Line: Street address Second Line: City and State Third Line: ZIP Code and Telephone Number Do not use commas, periods or other punctuation in the address. When entering a 9-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator in the telephone number. (NOTE: Insured's Telephone does not exist in the electronic 837P format.) If the insured's address and telephone number is the same as the patient's (field 5), enter "same" in this field.		
8	Reserved for NUCC Use	Leave Blank		
9	Other Insured's Name	If field 11d is marked, complete fields 9 and 9a-9d, otherwise leave this field blank. When additional group health coverage exists, enter the other insured's last name, first name and middle initial. If the insured uses a last name suffix (e.g., Jr, Sr), enter it after the last name and before the first name (i.e., last name, suffix, first name, middle initial). Hyphens may be used for hyphenated names. Do not use periods within the name. Do not include titles (e.g., Sister, Capt, Dr) and/or professional suffixes (e.g., PhD, MD, Esq) with the name. If the insured is the same as the patient (field 2), enter "same" in this field.		
9a	Other Insured's Policy/Group Number	Enter the policy or group number of the other insured. Do not use a hyphen or space as a separator within the policy/group number.		
9b	Reserved for NUCC Use	Leave Blank		
9c	Reserved for NUCC Use	Leave Blank		
9d	Other insured's Insurance Plan Name/Program Name	Enter the name of the insurance plan or program.		
10	Patient's Condition Related to:	When appropriate, enter an "X" in the correct box to indicate whether one or more of the services/procedures described in field 24 are for a condition/ injury that occurred on the job or as a result of an automobile or other accident. Only mark one box on each line. Any item marked "YES" indicates there may be other applicable insurance coverage that would be primary. Primary insurance information must then be entered in field 11.		
10a	Employment	Employment may be current or previous.		
10b	Auto Accident	If "YES" is marked, the state postal code ("PLACE") must be indicated.		
10c	Other Accident	The condition is the result of any type of accident other than automobile.		
10d	Claim Codes (Designated by NUCC)	Use this item exclusively for Medicaid (MCD) information. If the patient is entitled to Medicaid, enter the patient's Medicaid number preceded by MCD. Refer to the most current instructions from the applicable public or private payer regarding the use of this field.		
11	Insured's Policy Group or FECA Number	Enter the insured's (field 1a) policy or group number as it appears on the insured's health care identification card. Do not use a hyphen or space as a separator within the policy/group number. If field 4 is completed, then this field should be completed.		
11a	Insured's DOB/Gender	Enter the insured's (field 1a) 8-digit date of birth (DOB) in MMDDYYYY format. Enter an "X" in the appropriate box for the insured's gender. Only mark one box. If the insured's gender is unknown, leave the boxes blank.		

11b	Other Claim ID (Designated by	Enter the name of the insured's employe's name, if applicable. If the insured is eligible by virtue or employment or covered under a policy as a student, enter the employer or school name.			
110	NUCC)	(NOTE: Insured's Employer's Name/School Name does not exist in the electronic 837P format.)			
	CMS-1500 Claim Specifications, cont.				
CMS - 1500 Field #	Data Element	Description			
Fields 1 – 13		Information, continued			
11 c	Insurance Plan Name/Program Name	Enter the insurance plan or program name of the insured (field 1a). Some payers require an identification number of the primary insurer, rather than the name in this field.			
11d	Other Health Benefit Plan?	When appropriate, enter an "X" in the correct box. If marked "YES," complete fields 9 and 9a – 9d. Only mark one box.			
12	Patient's/ Authorized Person's Signature	Enter "Signature on File" or "SOF" if Consent to Release Information form is complete, or patient's or authorized person's signature. When a legal signature is used, enter the date signed in 6-digit (MMDDYY) or 8-digit (MMDDYYYY) format. If there is no signature on file, leave this field blank or enter "No Signature on File."			
13	Insured's/ Authorized Person's Signature	Enter "Signature on File" or "SOF" if Consent to Release Information form is complete, or patient's or authorized person's signature. When a legal signature is used, enter the date signed in 6-digit (MMDDYY) or 8-digit (MMDDYYYY) format. If there is no signature on file, leave this field blank or enter "No Signature on File."			
Fields 14 – 3	33: Physician or Suppli				
14	Date of Current Illness, Injury/ Pregnancy (LMP)	Enter the 6-digit (MMDDYY) or 8-digit (MMDDYYYY) date of the first date of the present illness, injury or pregnancy.			
15	Other Date	Enter the first date the patient had the same or a similar illness in the 6-digit (MMDDYY) or 8-digit (MMDDYYYY) format. Previous pregnancies are not a similar illness. Leave this field blank if unknown.			
16	Dates Patient Unable to Work in Current Occupation	If the patient is employed and is unable to work in current occupation, enter the 6-digit (MMDDYY) or 8-digit (MMDDYYYY) "from-to" dates that the patient is unable to work. An entry in this field may indicate employment-related insurance coverage.			
17	Name of Referring Physician or Other Source	Enter the first name, middle initial, last name and credentials of the professional who referred or ordered the service(s)/procedure(s) on the claim. Do not use periods or commas within the name. A hyphen may be used for hyphenated names.			
17a	ID Number of Referring Physician	The other identification number (non-NPI) of the referring provider, ordering provider or other source is entered in the shaded area. The qualifier indicating what the number represents is entered in the qualifier field (unlabeled) to the immediate right of the number "17a."			
17b	NPI	Enter the National Provider Identifier (NPI) number of the referring provider, ordering provider or other source.			
18	Hospitalization Dates Related to Current Services	Enter the inpatient 6-digit (MMDDYY) or 8-digit (MMDDYYYY) hospital admission date followed by the discharge date (if discharge has occurred). If not discharged, leave discharge date blank. This date is when a service/procedure is furnished as a result of, or subsequent to, a related hospitalization.			
19	Additional Claim Information (Designated by NUCC)	Refer to the most current instructions from the applicable public or private payer regarding the use of this field. This field is useful and often overlooked. It is a good place to include explanatory information. If there is not enough space, attach a report.			
20	Outside Lab?/\$ Charges	Complete this field when billing for purchased services. A "YES" mark indicates that an entity other than the provider/entity billing for the service performed the purchased service; a "NO" mark indicates that no purchased services are included on the claim. Enter an "X" in "YES" if the reported service(s) was performed by an entity other than the billing provider. If "YES," enter the purchased price under charges. When entering the charge amount, enter the amount in the field to the left of the vertical line, right justified. Do not use commas, decimal points or dollar signs. Do not report negative dollar amounts. Use "00" for the cents if the amount is a whole number. Leave the field to the right of the vertical line blank. When "YES" is marked, field 32 must be completed.			

Uniform Service Coding Standards Manual 2015 Revised: May 1, 2015

CMS-1500 Claim Specifications, cont.			
CMS - 1500 Field #	Data Element	Description	
Fields 14 – 3	33: Physician or Suppli	er Information, continued	
21	Diagnosis/Nature of Illness/Injury	Enter up to four (4) ICD-9-CM diagnosis codes. Use the highest level of specificity. Do not include narrative description in this field. When entering the diagnosis code, include a space (accommodated by the period) between the two sets of numbers. If entering a diagnosis code with more than three (3) beginning digits, enter the fourth digit on top of the period. Relate lines $1-4$ to the lines of service in field 24e by line number.	
22	Resubmission Code	Enter the code and original reference number assigned by the payer or receiver to indicate previously submitted claims. Please refer to the most current instructions from the applicable public or private payer regarding the use of this field.	
23	Prior Authorization Number	Enter the prior authorization number as assigned by the payer for the services being billed. Do not use hyphens or spaces within the number.	
24	Supplemental Information	Supplemental information can only be entered with a corresponding, completed service line.	
24a	Date(s) of Service (DOS)	Enter date(s) of service (DOS), from and to. If one (1) DOS only, enter that date under "From" and leave "To" blank or re-enter "From" date.	
24b	Place of Service	Enter the appropriate 2-digit place of service (POS) code from the POS Code List for each service/procedure performed. Single digit or alpha POS codes are considered invalid codes.	
2 4c	EMG	Check with the payer to determine if this emergency (EMG) indicator is necessary. If required, enter "Y" for "YES" or leave blank if "NO" in the bottom, unshaded area of the field. Refer to the definition of emergency as defined by federal or state regulations or programs, payer contracts, or as defined in the electronic 837P implementation guide.	
24d	Procedures, Services/ Supplies CPT/HCPCS/Modifiers	Enter the appropriate CPT®/HCPCS procedure code(s) and modifier(s) (if applicable). Up to four (4) modifiers may be entered.	
24e	Diagnosis Pointer	Enter the diagnosis code reference number (pointer) from field 21 (see above) to relate the date of service (DOS) and the service/procedure performed to the primary diagnosis. The primary reference number for each service is listed first. Enter numbers left justified in the field without commas between the numbers. Do not enter ICD-9-CM diagnosis codes in this field.	
24f	\$ Charges	Enter the usual and customary charge for each service/procedure right justified. Do not use commas or dollar signs when reporting dollar amounts. Negative dollar amounts are not allowed. Use "00" for the cents if the amount is a whole number.	
24g	Days/Units	Enter the number of days or units for each service/procedure. If only one (1) service/procedure is performed, the number "1" is entered. Enter numbers right justified in the field.	
24h	EPSDT/Family Plan	If the claim is Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) related, enter "Y" for "YES" or "N" for "NO" in the unshaded area of the field. If the claim is Family planning, enter "Y" ("YES") or leave blank if "NO" in the bottom, unshaded area of the field.	
24i	ID Qualifier	Enter the qualifier identifying if the number is a non-NPI in the shaded area. The Other ID Number of the rendering provider is entered in 24j in the shaded area (see below). Enter numbers left justified. The rendering provider is the person or company who rendered or supervised the care. Report the identification number in fields 24i and 24j only when different from data entered in fields 33a and 33b.	
24j	Rendering Provider ID Number	Enter the non-NPI identification number in the shaded area of the field. Enter the NPI number in the unshaded area of the field. Enter numbers left justified. The rendering provider is the person or company who rendered or supervised the care. Report the identification number in fields 24i and 24j only when different from data entered in fields 33a and 33b.	

CMS-1500 Claim Specifications, cont.				
CMS - 1500 Field #	Data Element	Description		
Fields 14 – 3	33: Physician or Suppl	ier Information, continued		
25	Federal Tax ID Number (TIN)	Enter the provider or supplier 9-digit federal tax identification number (TIN) (employer identification number) or Social Security number (SSN). Enter an "X" in the appropriate box to indicate which number is being reported. Only mark one box. Do not enter hyphens with numbers. Enter numbers left justified in the field.		
26	Patient's Account Number	Enter the patient's account number assigned by the provider or supplier. Do not enter hyphens with numbers. Enter numbers left justified in the field.		
27	Accept Assignment?	Enter an "X" in the appropriate box. Only mark one box. (NOTE: All Medicaid claims are reimbursed to the provider.)		
28	Total Charge	Enter the sum of all charges listed in field 24f. Enter numbers right justified in the dollar area of the field. Do not use commas or dollar signs when reporting dollar amounts. Negative dollar amounts are not allowed. Use "00" for the cents if the amount is a whole number.		
29	Amount Paid	Enter the total amount received from the patient or other payers. Enter numbers right justified in the dollar area of the field. Do not use commas or dollar signs when reporting dollar amounts. Negative dollar amounts are not allowed. Use "00" for the cents if the amount is a whole number.		
30	Revd for NUCC Use	Leave Blank		
31	Signature of Physician/ Supplier Including Degrees/ Credentials	Enter the legal signature of the practitioner or supplier, signature of the practitioner or supplier representative, "Signature on File" or "SOF." Enter the 6-digit (MMDDYY), 8-digit (MMDDYYYY) or alphanumeric date the form was signed.		
32	Service Facility Location Information	Enter the name, address, city, state and ZIP code of the location where services were rendered in the following format: First Line: Name Second Line: Address Third Line: City, State and ZIP Code Do not use commas, periods or other punctuation in the address. Enter a space, but not a comma, between the city and state. When entering a 9-digit ZIP code, include the hyphen.		
32a	NPI Number	Enter the NPI number of the service facility in field 32 (see above).		
32b	Other ID Number	If applicable, enter the 2-digit qualifier identifying the non-NPI number followed by the identification number. Do not enter a space, hyphen or other separator between the qualifier and the number. Otherwise leave blank.		
33	Billing Provider Information and Phone #	Enter the provider's telephone number in the area to the right of the field title. Enter the provider's name, address, city, state and ZIP code in the following format: First Line: Name Second Line: Address Third Line: City, State and ZIP Code Do not use commas, periods or other punctuation in the address. Enter a space, but not a comma, between the city and state. When entering a 9-digit ZIP code, include the hyphen. Do not use a hyphen or space as a separator within the telephone number.		
33a	NPI Number	Enter the NPI number of the billing provider in field 33 (see above).		
33b	Other ID Number – Group Number	Enter the 2-digit qualifier identifying the non-NPI number followed by the identification number. Do not enter a space, hyphen or other separator between the qualifier and the number.		

V.C. Claims Submission

A "clean" claim format is essential for reimbursement. A "clean" claim is one that meets all of the necessary requirements

of the payer. It is the responsibility of the provider to understand the documentation necessary to meet payers' payment

guidelines and software edits. Providers need to give timely, sufficient and proper information to ensure prompt claims

adjudication.143

V.C.1. Paper versus Electronic Claims

Claims may be submitted electronically or in paper format. Electronic claims are federally required to meet the Health

Insurance Portability and Accountability Act of 1996 (HIPAA) transaction standards; however, there are a few exceptions.

Paper claims are submitted on a standard CMS-1500 claim form (Refer to Sections V.A.2 and V.B.2.), or on a specific form

that a payer requires. Electronic Media Claims (EMC) are computerized submissions accepted by most payers. 144

Paper claims submitted on the CMS-1500 or UB-04 form are exempt from HIPAA standards, as long as the provider does

not send or receive any other HIPAA electronic transactions (e.g., eligibility, coordination of benefits, payments, payment

reports).145

Electronic claim submissions are in the 837I or 837P format and are subject to all HIPAA standards (transactions, privacy

and security). The advantage of electronic claims submission is that claims can be adjudicated and paid much faster than

if they are sent through the mail; the disadvantage can be the costs and additional training time to set up a completely

HIPAA-compliant electronic claims system. If a provider submitting electronic claims, either directly or through a billing

service, both the provider office AND the electronic claim processing center MUST meet all HIPAA standards. Providers

with less than 10 full-time equivalents (FTEs) are exempt from the electronic mandate. ¹⁴⁶

Electronic submission of claims is preferred by most behavioral health organizations (BHOs) because it allows for faster

processing by saving time and effort in shipping, handling and data entry. However, all BHOs accept paper claims. For

further information or assistance with electronic claims submission, contact the appropriate BHO's Provider Relations

Department.

Uniform Service Coding Standards Manual 2015

Revised: May 1, 2015

V.D. Claim Billing Tips 147,148, 149,150

To ensure timely processing and payment of submitted claims, follow the billing tips below:

- Verify that the service authorization requirements have been met. Based on medical necessity, service
 authorizations specify the procedure code, payment rate, type of service, and number of encounters or units of
 service to be rendered within a specified period. Make sure the procedure code(s), date(s) of service (DOS), and
 encounters or units of service billed are within the requirements of the service authorization.
- Verify the client's diagnosis. The claim form must contain a complete ICD-9-CM diagnosis; use the fourth and fifth digits, if available, to ensure as much specificity as possible.
- Verify the procedure code(s). Use the most current versions of the Current Procedural Terminology (CPT®) and/or Healthcare Common Procedure Coding System (HCPCS), as well as the service authorization and provider fee schedule to ensure the correct procedure code(s).
- Verify the authorized provider. Include the National Practitioner Identification (NPI) AND appropriate Tax Identification Number (TIN) matched to the W-9 on the claim form. The name of the provider on the claim form must match the name of the provider specified on the service authorization. The authorized service provider must render all billed services personally.
- Verify the client's Medicaid eligibility prior to submitting a claim. If a client becomes ineligible for services prior to exhausting the service authorization time period or the number of sessions or units of service, the service authorization is invalid for the dates of service (DOS) that fall within the client's ineligibility timeframe. If a client presents a retrospective eligibility letter from County Social Services, a copy of the letter should be included with the claim to expedite reimbursement. Prior to rendering services, verify the client's Medicaid eligibility by examining his/her Medicaid ID card, and by calling the Colorado MAP Eligibility Response System) or using Fax-Back Eligibility.
- Verify place of service (POS) codes.
- Complete all required data elements. Leave non-required data fields blank on the claim form. Do not enter "Not Applicable" (N/A).
- For paper claims, use only black or dark red ink. Use only good quality toner, typewriter, or printer ribbons. Do not use highlighters to mark claims or attachments.
- Use the correct claim form. Outpatient service providers submit claims on the CMS-1500 claim form, while inpatient facilities submit claims using the UB-04/837I claim form.
- Sign the claim form. Claim forms must indicate the name and signature of the provider personally rendering the service, or his/her designee (or facsimile signature). For example, the CMS-1500 claim form indicates the name of the provider in block 31, the service address (non-post office box) in block 32, and the billing address in block 33.
- Submit claim formats to the primary insurance company first. If a client has a primary insurance plan in addition to his/her Medicaid entitlement benefits, the claim form must be submitted first to the primary insurance plan. A copy of the notification of the decision (Explanation of Benefits or EOB) from that insurance company must be attached to the claim form submitted to the BHO. Under Federal law, Medicaid is always the "payer of last resort."
- Submit a fully completed Colorado Client Assessment Record (CCAR). The CCAR is required at the time of admission to treatment, discharge, and at least annually. Claim payments may be delayed or denied if the current CCAR has not been received by the payer, within the time period specified. For example, a claim submitted within days of the annual CCAR due date may be delayed for payment until the annual CCAR is submitted. The same may be true for claims submitted early in the treatment episode without the admission CCAR, or after the client has been discharged. To avoid delays or denials of payment, providers are encouraged to submit CCARs in a timely manner according to the payers submission standards.
- Submit claims to the appropriate address.

- **Submit all required documentation attached to the claim.** This includes EPSDT claims information. If several claims require the same attachment, photocopy and attach the documentation to each claim.
- Medicare/Medicaid clients (dual eligibles) must first exhaust their Medicare benefits prior to billing Medicaid.
 Payment consideration is made by Medicare and the Colorado Medical Assistance Program (MAP).
- Bill promptly. There are timely filing requirements for Medicaid claims submission. Submit original claims within 60 to 120 days of the date of service (DOS), as specified by contract. Some payers suggest submitting claims at least weekly to ensure timely payment for services rendered.
- Submit "clean" claims. "Clean" claims are those claims that are free of errors on the first submittal. "The cleaner the claim, the faster the payment." The provider's objective is to submit sufficient and proper information that meets the payer's guidelines and software edits. (Refer to Section V.C.)

V.E. Procedure Coding Errors

Procedure coding errors typically occur for one (1) of three (3) reasons:

- "Upcoding," in which services are reported or billed at a level higher than the actual level of service rendered. For
 example, a 16 to 37-minute individual psychotherapy service (procedure code 90832) reported or billed as a 38 to 52minute service (procedure code 90834) is an upcoded service.
- "Downcoding," in which services are reported or billed at a lower level than the actual level of service rendered. For example, a 38 to 52-minute individual psychotherapy service (procedure code 90834) reported or billed as a 16 to 37-minute service (procedure code 90832) is a downcoded service. However, reporting 40 minutes of individual psychotherapy using 90834 is appropriate when appended with the modifier 52, Reduced Services. 151
- Miscoding, in which services are reported or billed with a procedure code that is not supported by the clinical record documentation. For example, the US Department of Health and Human Services (HHS) Office of Inspector General (OIG) reports that the majority of miscoded individual psychotherapy claims lack documentation to justify the time billed. Miscoding often happens because:
 - No time is documented for the services rendered. (When this occurs, the services should be reported or a billed at the lowest possible time period.)
 - Documentation in the clinical record indicates that the actual services rendered were not psychotherapy but altogether different services, such as evaluation and management (E/M) services, medication management, psychological evaluation, group psychotherapy, family psychotherapy, or crisis intervention.¹⁵²

V.F. Diagnosis Coding

The following guidelines from the American Hospital Association (AHA) Coding Clinic for *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) are becoming industry standards:

- Code why each service or procedure was rendered (e.g., presenting symptoms, complaint, problem or condition)
- Code the primary diagnosis first, followed by a secondary, tertiary, etc.
- Co-existing conditions affecting treatment should be reported as supplemental information
- Do not code diagnoses that are not relevant to the treatment rendered
- Code to the highest specificity with all of the required digits (three, four, or five) to completely and accurately describe the disorder or illness
- Use chronic diagnoses as often as applicable to the treatment rendered
- Some procedures codes are appropriate only when specific conditions are present
- For ancillary services (e.g., laboratory, x-ray, etc.), list the appropriate V codes first and the problem second 153

V.G. Consequences of Poor Documentation & Coding

Non-existent, incomplete, illegible, inaccurate, insufficient, conflicting and/or inappropriate clinical records may result in one (1) or more of the following:

- Denial of reported or billed services
- Delayed payment
- Rejection of submitted claims
- Reduction of billed services
- Assessment and collection of overpayments

- Pre-payment review monitoring
- Referral to the program's safeguard contractor
- Referral to the Centers for Medicare and Medicaid Services (CMS)

VI. Encounter Field Descriptions

Behavioral health organizations (BHOs) submit encounter data to the Department of Health Care Policy and Financing (HCPF) using the flat file specifications described in this section.

VI.A. Primary Key Fields

The table below identifies the primary key fields for professional and institutional claims:

Primary Key Fields			
Professional Claims	Institutional Claims		
Client Identification (ID)	Client ID		
Claim Number	Claim Number		
Claim Version	Claim Version		
Procedure Code	Revenue Code		
Service Start Date Service Start Date			
Flat File Control Line Number (FCLN)	FCLN		

Physical Field Requirements VI.B.

12 Client's Gender C X 1 2010BA-DMG03 2010BA-DMG03 13 Claim Number R X Flexible 2300-CLM01 2300-CLM05-3 15 Primary Diagnosis Code R X 1 2300-CLM05-3 2300-HI03-2 15 Primary Diagnosis Code R X 5 2300-HI02-2 2300-HI02-2 17 Third Diagnosis Code C X 5 2300-HI03-2 2300-HI03-2 18 Fourth Diagnosis Code C X 5 2300-HI03-2 2300-HI03-2 19 Place of Service (POS)/Bill Type R X 2 2300-LIM05-1 2300-LIM05-1 20 Approved Amount C Number Double 2320-AMT02 2320-AMT02 21 Paid Amount C Number Double 2320-AMT02 2320-AMT02 23 Service Line Number R Number Integer 2400-SV10 2400-LV01 24 Procedure Moid March C Nu		Data Element (Field)	Status	Picture	Length	837 Professional	837 Institute
3 Submitter Organization's Name R X Flexible 1000A-NM1 1000A-NM1 1000A-PER 1000A-PER	1	Transaction Header	R*	Х	1	"P"	" "
4 Submitter Contact Person's Telephone Number C 9 10 1000A-PER 1000A-PER 5 Billing Provider's Name R X Flexible 2010AA-NM1 2010AA-REF 7 Clien's Just Name C X Flexible 2010BA-NM1 2010BA-NM1 8 Clien's Sirst Name C X Flexible 2010BA-NM1 2010BA-NM1 9 Client's Sirst Name C X Flexible 2010BA-NM1 2010BA-NM1 10 Client's Sirst Name C X Flexible 2010BA-NM1 2010BA-NM1 10 Client's Date of Birth (DOB) C X 8 2010BA-NM 2010BA-NM1 11 Client's Gender C X 8 2010BA-DMG02 2010BA-DMG02 12 Client's Gender C X 1 2010BA-DMG03 2010BA-DMG03 13 Clain Number R X Flexible 2300-LIM0-1 2300-LIM0-1 14 Client's Gender R <	2	Transaction Date	R	Х	8	ISA	ISA
5 Billing Provider's Name R X Flexible 2010AA-NM1 2010AA-NM1 6 Billing Provider's Identification (ID) R X 8 2010AA-REF 2010AA-REF 2010AA-REF 2010AA-REF 2010AA-REF 2010AA-REF 2010AA-REF 2010BA-NM1 2010BA-DMG02 2010BA-DMG03 2300-LM06-3 2300-LM06-3 2300-LM06-3 2300-LM06-3 2300-LM06-2 2300-LM06-3 2300-LM06-2 2300-LM06-2 2300-LM06-2 2300-LM06-2 2300-LM06-2 2300-LM06-2 2300-LM06-2 2300-	3	Submitter Organization's Name	R	Х	Flexible	1000A-NM1	1000A-NM1
6 Billing Provider's Identification (ID) R X 8 2010AA-REF 2010AA-REF 7 Client's Last Name C X Flexible 2010BA-NM1 2010BA-MM1 2010BA-MM602 2010BA-MM602 2010BA-MM603 2010BA-MM604 2300-LM04-MM603 2010BA-MM603 2010BA-MM604 2300-LM04-MM603 2010BA-MM603 2010BA-MM604 2010BA-MM604 2300-LM04-MM604 2300-LM04-MM604 2010BA-MM604 2010BA-MM604 <	4	Submitter Contact Person's Telephone Number	С	9	10	1000A-PER	1000A-PER
7 Client's Last Name C X Flexible 2010BA-NM1 2010BA-NM1 8 Client's First Name C X Flexible 2010BA-NM1 2010BA-NM602 2010BA-NM602 2010BA-NM602 2010BA-NM602 2010BA-NM602 2010BA-DM602 2010BA-DM602 2010BA-DM602 2010BA-DM602 2010BA-DM602 2010BA-DM602 2010BA-DM602 2010BA-DM603 2010BA-DM603 2010BA-DM603 2010BA-DM603 2010BA-DM603 2010BA-DM602 2010BA-DM603 2	5	Billing Provider's Name	R	Х	Flexible	2010AA-NM1	2010AA-NM1
8 Client's First Name C X Flexible 2010BA-NM1 2010BA-NM1 9 Client's Medicaid Identification (ID) R X 7 2010BA-NM1 2010BA-NM1 10 Client's Client's Client's Object R X Flexible 2010BA-DMG02 2010BA-DMG02 11 Client's Gender C X 8 2010BA-DMG03 2010BA-DMG03 12 Client's Gender C X 1 2010BA-DMG03 2010BA-DMG03 13 Claim Number R X Flexible 2300-CLM01 2300-CLM05-3 14 Claim Number R X Flexible 2300-CLM05-3 2300-LM05-3 15 Primary Diagnosis Code R X 5 2300-HI 2300-LM05-3 16 Second Diagnosis Code C X 5 2300-HI02-2 2300-HI03-2 17 Third Diagnosis Code C X 5 2300-HI03-2 2300-HI03-2 18 Fourth Diagnosis Code C	6	Billing Provider's Identification (ID)	R	Х	8	2010AA-REF	2010AA-REF
9 Client's Medicaid Identification (ID) R X 7 2010BA-NM1 2010BA-NM1 10 Client's ZiP Code R X Flexible 2010BA-PM 2010BA-DMG02 2010BA-DMG02 2010BA-DMG02 2010BA-DMG03 2000-LM05-1 2300-LM05-1 2300-LM05-1 2300-LM05-1 2300-HI02-2 2300-HI04-2 2300-HI04-2 2300-HI04-2 2300-HI02-2 2300-HI02-2 2300-HI02-2 2300-HI02-2 2300-HI03-2 2300	7	Client's Last Name	С	Х	Flexible	2010BA-NM1	2010BA-NM1
10 Client's ZIP Code	8	Client's First Name	С	Х	Flexible	2010BA-NM1	2010BA-NM1
11 Client's Date of Birth (DOB) C X 8 2010BA-DMG02 2010BA-DMG03 12 Client's Gender C X 1 2010BA-DMG03 2010BA-DMG03 13 Claim Number R X Flexible 2300-CLM01 2300-CLMO1-3 14 Claim Version R X 1 2300-CLM05-3 2300-HI02-2 2300-HI02-1 15 Primary Diagnosis Code R X 5 2300-HI02-2 2300-HI02-2 17 Third Diagnosis Code C X 5 2300-HI03-2 2300-HI02-2 18 Fourth Diagnosis Code C X 5 2300-HI03-2 2300-HI02-2 19 Place of Service (POS)/Bill Type R X 2 2300-HI04-2 2300-HI03-2 19 Place of Service (POS)/Bill Type R X 2 2300-LM05-1 2300-LM05-1 20 Approved Amount C Number Double 2320-AMT02 2320-AMT02 21 Paid Amount	9	Client's Medicaid Identification (ID)	R	Х	7	2010BA-NM1	2010BA-NM1
12 Client's Gender C X 1 2010BA-DMG03 2010BA-DMG03 13 Claim Number R X Flexible 2300-CLM01 2300-CLM01 14 Claim Version R X 1 2300-CLM05-3 2300-CLM05-3 15 Primary Diagnosis Code R X 5 2300-HI02-2 2300-HI02-2 16 Second Diagnosis Code C X 5 2300-HI03-2 2300-HI03-2 18 Fourth Diagnosis Code C X 5 2300-HI03-2 2300-HI03-2 19 Place of Service (POS)/Bill Type R X 2 2300-LIM05-1 2300-LIM05-1 20 Approved Amount C Number Double 2320-AMT02 2320-AMT02 21 Paid Amount C Number Double 2320-AMT02 2320-AMT02 23 Service Line Number R Number Integer 2400-LX01 2400-LX01 24 Procedure Modifier 0 R X	10	Client's ZIP Code	R	Х	Flexible	2010BA-N4	2010BA-N4
13 Claim Number R X Flexible 2300-CLM01 2300-CLM05-3 14 Claim Version R X 1 2300-CLM05-3 2300-CLM05-3 15 Primary Diagnosis Code R X 5 2300-HII 2300-HII 16 Second Diagnosis Code C X 5 2300-HI02-2 2300-HI03-2 17 Third Diagnosis Code C X 5 2300-HI03-2 2300-HI03-2 18 Fourth Diagnosis Code C X 5 2300-HI04-2 2300-HI03-2 19 Place of Service (POS)/Bill Type R X 2 2300-LM05-1 2300-CLM05-1 20 Approved Amount C Number Double 2320-AMT02 2320-AMT02 21 Paid Amount C Number Double 2320-AMT02 2320-AMT02 22 Service Line Number R Number Integer 2400-LX01 2400-LX01 23 Line Paid Amount C Number	11	Client's Date of Birth (DOB)	С	Х	8	2010BA-DMG02	2010BA-DMG02
14 Claim Version	12	Client's Gender	С	Х	1	2010BA-DMG03	2010BA-DMG03
15 Primary Diagnosis Code R X 5 2300-HI 2300-HI0-2 16 Second Diagnosis Code C X 5 2300-HI02-2 2300-HI02-2 17 Third Diagnosis Code C X 5 2300-HI03-2 2300-HI03-2 18 Fourth Diagnosis Code C X 5 2300-HI04-2 2300-HI04-2 19 Place of Service (POS)/Bill Type R X 2 2300-CLM05-1 2300-CLM05-1 20 Approved Amount C Number Double 2320-AMT02 2320-AMT02 21 Paid Amount C Number Double 2320-AMT02 2320-AMT02 23 Line Paid Amount C Number Integer 2400-LX01 2400-LX01 24 Procedure Code R X 5 2400-SV1 02 2400-SV2 03 24 Procedure Modifier (Procedure Modifier 1) R X 2 2400-SV1 01-3 2400-SV2 02-4 26 Procedure Modifier 3 C	13	Claim Number	R	Х	Flexible	2300-CLM01	2300-CLM01
16 Second Diagnosis Code C X 5 2300-HI02-2 2300-HI02-2 17 Third Diagnosis Code C X 5 2300-HI03-2 2300-HI03-2 18 Fourth Diagnosis Code C X 5 2300-HI04-2 2300-HI04-2 19 Place of Service (POS)/Bill Type R X 2 2300-CLM05-1 2300-CLM05-1 20 Approved Amount C Number Double 2320-AMT02 2320-AMT02 21 Paid Amount C Number Double 2320-AMT02 2320-AMT02 22 Service Line Number R Number Double 2320-AMT02 2320-AMT02 22 Service Line Number R Number Integer 2400-LX01 2400-LX01 23 Line Paid Amount C Number Double 2320-AMT02 2320-AMT02 22 Service Line Number R X 5 2400-SV10 2400-SV2 03 24 Procedure Modifier 2 C	14	Claim Version	R	Х	1	2300-CLM05-3	2300-CLM05-3
17 Third Diagnosis Code	15	Primary Diagnosis Code	R	Х	5	2300-HI	2300-HI
18 Fourth Diagnosis Code	16	Second Diagnosis Code	С	Х	5	2300-HI02-2	2300- HI02-2
Place of Service (POS)/Bill Type	17	Third Diagnosis Code	С	Х	5	2300-HI03-2	2300- HI03-2
20 Approved Amount C Number Double 2320-AMT02 2320-AMT02 21 Paid Amount C Number Double 2320-AMT02 2320-AMT02 22 Service Line Number R Number Integer 2400-LX01 2400-LX01 23 Line Paid Amount C Number Double 2400-SV1 02 2400-SV2 03 24 Procedure Code R X 5 2400-SV1 01-2 2400-SV2 02-2 25 Program Category Identifier (Procedure Modifier 1) R X 2 2400-SV1 01-3 2400-SV2 02-2 26 Procedure Modifier 2 C X 2 2400-SV1 01-3 2400-SV2 02-3 26 Procedure Modifier 3 C X 2 2400-SV1 01-4 2400-SV2 02-4 27 Procedure Modifier 4 C X 2 2400-SV1 01-5 2400-SV2 02-5 28 Procedure Modifier 4 C X 2 2400-SV1 01-5 2400-SV2 02-5 29 Procedure Modifier 4<	18	Fourth Diagnosis Code	С	Х	5	2300-HI04-2	2300- HI04-2
21 Paid Amount C Number Double 2320-AMT02 2320-AMT02 22 Service Line Number R Number Integer 2400-LX01 2400-LX01 23 Line Paid Amount C Number Double 2400-SV1 02 2400-SV2 03 24 Procedure Code R X 5 2400-SV1 01-2 2400-SV2 02-2 25 Program Category Identifier (Procedure Modifier 1) R X 2 2400-SV1 01-3 2400-SV2 02-3 26 Procedure Modifier 2 C X 2 2400-SV1 01-3 2400-SV2 02-3 27 Procedure Modifier 3 C X 2 2400-SV1 01-4 2400-SV2 02-4 28 Procedure Modifier 4 C X 2 2400-SV1 01-5 2400-SV2 02-5 28 Procedure Description C X 2 2400-SV1 01-6 2400-SV2 02-7 30 Revenue Code R X Flexible Null 2400-SV2 01 31 Units R	19	Place of Service (POS)/Bill Type	R	Х	2	2300-CLM05-1	2300-CLM05-1
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23 Line Paid Amount C Number Double 2400-SV1 02 2400-SV2 03	21	Paid Amount	С	Number	Double	2320-AMT02	2320-AMT02
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26 Procedure Modifier 2 C X 2 2400-SV1 01-4 2400-SV2 02-4 27 Procedure Modifier 3 C X 2 2400-SV1 01-5 2400-SV2 02-5 28 Procedure Modifier 4 C X 2 2400-SV1 01-6 2400-SV2 02-6 29 Procedure Description C X Flexible 2400-SV1 01-7 2400-SV2 02-7 30 Revenue Code R X Flexible Null 2400-SV2 02-7 31 Units R Number Integer 2400-SV1 04-2400-SV2 01 2400-SV2 04-2400-SV2 04-2400-	24	Procedure Code		Х	5	2400-SV1 01-2	2400-SV2 02-2
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28 Procedure Modifier 4 C X 2 2400-SV1 01-6 2400-SV2 02-6 29 Procedure Description C X Flexible 2400-SV1 01-7 2400-SV2 02-7 30 Revenue Code R X Flexible Null 2400-SV2 01 31 Units R Number Integer 2400-SV1 04 2400-SV2 04 32 Service Start Date R X 8 2400-DTP 2400-DTP 33 Service End Date C X 8 2400-DTP 2400-DTP 34 Rendering Provider's Name R X Flexible 2420A-NM1 2420A-NM1 35 Rendering Provider's Identification (ID) R X 8 2420A-REF 2420A-REF 36 Flat File Control Line Number (FCLN) R Number Integer Submitter generated generated 37 Payment Date R X 8 2430-DTP02 2430-DTP02	26	Procedure Modifier 2	С	Х	2	2400-SV1 01-4	2400-SV2 02-4
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33Service End DateCX82400-DTP2400-DTP34Rendering Provider's NameRXFlexible2420A-NM12420A-NM135Rendering Provider's Identification (ID)RX82420A-REF2420A-REF36Flat File Control Line Number (FCLN)RNumberIntegerSubmitter generated generated37Payment DateRX82430-DTP022430-DTP02	31	Units	R	Number	Integer	2400-SV1 04	2400-SV2 04
34Rendering Provider's NameRXFlexible2420A-NM12420A-NM135Rendering Provider's Identification (ID)RX82420A-REF2420A-REF36Flat File Control Line Number (FCLN)RNumberIntegerSubmitter generated generated37Payment DateRX82430-DTP022430-DTP02	32	Service Start Date	R	Х	8	2400-DTP	2400-DTP
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37 Payment Date R X 8 2430-DTP02 2430-DTP02	36	Flat File Control Line Number (FCLN)	R	Number	Integer		Submitter generated
38 Billing Provider's National Provider Identifier (NPI) C X 10	37	Payment Date	R	Х	8		2430-DTP02
So Similar total strational revisal factories (111)	38	Billing Provider's National Provider Identifier (NPI)	С	Х	10		

^{*}R = Required

VI.C. **File Format**

The flat file should be in a text format with TAB as delimiters. Any fields with NULL value(s) must be delimited by a TAB.

^{**}C = Conditional

VI.D. **Encounters**

An encounter is defined as:

1. For professional claims, an occurrence of examination or treatment of a behavioral health organization (BHO) client by a mental health practitioner or medical practitioner, with a BHO covered primary diagnosis code and a BHO

covered procedure code; OR

2. For institutional claims, a line item for a BHO client with a BHO covered diagnosis code and a BHO covered

revenue/diagnosis-related group (DRG) code.

A BHO client is defined as a Medicaid eligible individual who is enrolled and receiving service(s) covered by a BHO.

Data hierarchy embedded in BHO encounters:

A BHO encounter consists of the header record and the corresponding line records. Each client's visit with the same

primary diagnosis should generate one original header claim record assigned with a unique Claim Number. During one

visit, if a client is treated for two or more different primary diagnosis, two or more header claims should be generated

with two or more different unique Claim Numbers. If a client has two visits during one day for the same diagnosis, two

header claims should be generated too.

For one header claim, a client can receive one or more services, which may include a base code and add-on procedure

codes. Each procedure code will generate a unique service line number under the same Header Claim.

The Uniqueness of the encounter record:

To identify each service, the combination of the following fields must be unique:

Client id, Service Date, Procedure/revenue code, Claim Number, Service Line Number, Claim version

Claim Versions (Types)

The correcting, replacing, and voiding records for original encounter, must have a matching claim id and a matching line

number to the original encounter's line record.

VI.E. **Data Description**

VI.E.1. **Transaction Header**

Field Type	Alpha
Length	1
Format	X
Field Description	This field contains either "P" for Professional or "I" for Institutional.

VI.E.2. **Transaction Date**

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date the encounter data is submitted to HCPF.

Submitter Organization's Name VI.E.3.

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the name of the organization submitting the encounter data to HCPF.

Submitter Contact Person's Telephone Number VI.E.4.

Field Type	Numeric
Length	10
Format	X
Field Description	This field contains the telephone number for the contact person at the submitter organization.

Billing Provider's Name VI.E.5.

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the Rendering (<i>not the Billing</i>) Provider's Name, as indicated in the Companion Guide.

VI.E.6. **Billing Provider's Identification (ID)**

Field Type	Numeric
Length	8
Format	X
	This field contains the Rendering (<i>not the Billing</i>) Provider's Medicaid ID Number. For providers
Field Description	who have no Medicaid ID Number, use the corresponding ID in the Default Encounter Provider
	ID Table.

Uniform Service Coding Standards Manual 2015

VI.E.7. Client's Last Name

Field Type	Alpha
Length	Flexible
Format	X
Field Description	This field contains the Client's Last Name, which is used for record verification.

VI.E.8. Client's First Name

Field Type	Alpha
Length	Flexible
Format	Х
Field Description	This field contains the Client's First Name, which is used for record verification.

VI.E.9. Client's Medicaid Identification (ID) Number

Field Type	Alpha/Numeric
Length	7
Format	X
Field Description	This field contains the Client's Medicaid ID Number (also known as State ID), which provides a link to the State Medicaid eligibility files. Every week, the State provides each BHO with updated eligibility files, which include the Client's Name and Medicaid ID Number.

VI.E.10. Client's ZIP Code

Field Type	Numeric
Length	Flexible
Format	X
Field Description	This field contains the Client's ZIP Code for his/her home/residence. For clients without a ZIP
	Code, use the default "99999."

VI.E.11. Client's Date of Birth (DOB)

Field Type	Numeric
Length	10
Format	YYYYMMDD
Field Description	This field contains the Client's DOB, which is used for record verification. If there is no DOB in the client record, this field is completed with "null."

VI.E.12. Client's Gender

Field Type	Alpha
Length	1
Format	Х
Field Description	This field contains the Client's Gender, identified as "F" = Female, "M" = Male, or "U" = Unknown.

VI.E.13. Claim Number

Field Type	Numeric
Length	Flexible
Format	X
Field Description	This field contains the identifier used to track a claim from creation by the health care provider
	through payment.

VI.E.14. Claim Version

Field Type	Numeric		
Length	Flexible		
Format	X		
Field Description	This field contains the claim submission reason code. The values should be one of the following: 1 = ORIGINAL (Admit thru Discharge Claim) 6 = CORRECTED (Adjustment of Prior Claim. If a positive amount(s) is (are) used in the amount field(s), this indicates an increase adjustment; if a negative amount(s) is (are) used, this indicates a decrease adjustment.) 7 = REPLACEMENT (Replacement of Prior Claim) 8 = VOID (Void/Cancel of Prior Claim) 9 = DENIED (Denied Claims)		

VI.E.15. Primary ICD-9-CM Diagnosis Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	This field contains the primary diagnosis from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.

VI.E.16. Second ICD-9-CM Diagnosis Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	This field contains the second billing diagnosis from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.

VI.E.17. Third ICD-9-CM Diagnosis Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	This field contains the third billing diagnosis from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.

VI.E.18. Fourth ICD-9-CM Diagnosis Code

Field Type	Alpha/Numeric	
Length	5	
Format	X	
Field Description	This field contains the fourth billing diagnosis from the <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM). Since coding needs to be as explicit as possible, use up to five letters and/or numbers, as appropriate. Do not code the decimal point; in other words, "307.51" is entered as "30751." This field should be left-justified with trailing blanks for the three-digit diagnosis code, without the sub-classification.	

VI.E.19. Place of Service (POS)/Bill Type Code

Field Type	Numeric	
Length 2		
Format	Х	
Field Description	For Professional Claims, this field contains the place of service (POS) code, which identifies where the service was rendered. (Refer to the POS codes in the table below.) For Institutional Claims, this field contains the first two digits of type of bill code (Refer to Attachment 1 for type of bill code list.)	

POS Code	Place of Service	POS Code	Place of Service
03	School	34	Hospice
04	Homeless Shelter	41	Ambulance – Land
05	Indian Health Service Free-Standing Facility	42	Ambulance – Air/Water
06	Indian Health Service Provider-Based Facility	49	Independent Clinic
07	Tribal 638 Free-Standing Facility	50	Federally Qualified Health Center (FQHC)
08	Tribal 638 Provider-Based Facility	51	Inpatient Psychiatric Facility
09	Prison/Correctional Facility	52	Psychiatric Facility – Partial Hospitalization
11	Office	53	Community Mental Health Center (CMHC)
12	Client's Home	54	Intermediate Care Facility – Mentally Retarded (ICF-MR)
15	Mobile Unit	55	Residential Substance Abuse Treatment Facility
20	Urgent Care Facility	56	Psychiatric Residential Treatment Center
21	Inpatient Hospital	57	Non-Residential Substance Abuse Treatment Facility
22	Outpatient Hospital	60	Mass Immunization Center
23	Emergency Room - Hospital	61	Comprehensive Inpatient Rehabilitation Facility
24	Ambulatory Surgical Center	62	Comprehensive Outpatient Rehabilitation Facility
25	Birthing Center	65	End-Stage Renal Disease Treatment Facility
26	Military Treatment Facility (MTF)	71	Public Health Clinic
31	Skilled Nursing Facility (SNF)	72	Rural Health Clinic
32	Nursing Facility	81	Independent Laboratory
33	Custodial Care Facility	99	Other Place of Service

VI.E.20. Approved Amount

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the approved amount, which equals the amount for the total claim that was approved by the payer sending this encounter data to another payer.

VI.E.21. Paid Amount

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the payer paid amount, which equals the amount for the total claim that was paid by the payer sending this encounter data to another payer.

VI.E.22. Service Line Number

Field Type	Numeric
Length	
Format	Integer
Field Description	This field contains a line counter. The service line number is incremented by 1 for each service line within a claim.

VI.E.23. Line Paid Amount

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the paid amount for a line item.

VI.E.24. Procedure Code

Field Type	Alpha/Numeric
Length	5
Format	X
Field Description	For Professional Claims, this field contains the 5-digit CPT®/HCPCS procedure code, which must be a valid procedure code. For Institutional Claims, if there is no CPT®/HCPCS procedure code, use the dummy procedure code '99499.'

VII.E.25. Program Service Category Identifier (Procedure Modifier 1)

Field Type	Alpha/Numeric	
Length	2	
Format	X	
Field Description	This field contains the 2-digit identifier (ID) for the Medicaid State Plan (SP) or 1915(b)(3) (B3)	
	waiver program service category to which the encounter is assigned. (Refer to the program	
	service category identifier table below.)	

ID	Program Service Category	Valid Procedure/Revenue Codes*
HE	State Plan (SP) Services	Any of the SP procedure codes, or 99499 with the SP revenue codes
НВ	Clubhouses & Drop-In Centers	Any of the B3 procedure codes or 99499
HJ	Vocational Services	Any of the B3 procedure codes or 99499
НК	Assertive Community Treatment (ACT) Services	Any of the B3 procedure codes or 99499
HT	Prevention & Early intervention Services	Any of the B3 procedure codes or 99499
SC	Residential Services	Any of the B3 procedure codes or 99499
SE	Home-Based Services	Any of the B3 procedure codes or 99499
SK	Intensive Case Management (ICM) Services	Any of the B3 procedure codes or 99499
SY	Respite Care Services	Any of the B3 procedure codes or 99499
TJ	School-Based Services	Any of the SP procedure codes, or 99499 with an SP revenue code
TS	Recovery Services	Any of the B3 procedure codes or 99499
TG	Other State Plan Services	Any of the procedure codes other than the SP procedure codes, or 99499 with the B3 revenue codes
НІ	Other B3 Services	Any of the procedure codes other than B3 procedure codes

^{*}See the mapping document for details.

VII.E.26. Procedure Modifier 2

Field Type	Alpha/Numeric
Length	2
Format	X
Field Description	This field may contain a CPT®/HCPCS modifier, as assigned by the provider.

If an encounter or claim is billed with the following modifier, please report this modifier in the "Procedure Modifier 2" field:

HF	Substance Use Program	Any encounter or claim reported by the provider as part of
	Substance ose Program	the substance use program.

Otherwise, if applicable, please report the modifiers described in the "Procedure Modifier 1" field.

Revised: May 1, 2015 Effective: July 1, 2015

280

VII.E.27. Procedure Modifier 3

Field Type	Alpha/Numeric
Length	2
Format	X
Field Description	This field may contain a CPT®/HCPCS modifier, as assigned by the provider.

VII.E.28. Procedure Modifier 4

Field Type	Alpha/Numeric
Length	2
Format	X
Field Description	This field may contain a CPT®/HCPCS modifier, as assigned by the provider.

VII.E.29. Procedure Code Description

Field Type	Alpha/Numeric
Length	Flexible
Format	X
Field Description	This field contains the CPT®/HCPCS procedure code description.

VII.E.30. Revenue Code

Field Type	Alpha/Numeric
Length	Flexible
Format	X
Field Description	For Institutional Claims, this field contains a revenue code.
	For Professional Claims, leave this field as "null."

VII.E.31. Units

Field Type	Numeric
Length	
Format	Double
Field Description	This field contains the number of units rendered for the encounter.

VII.E.32. Service Start Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date of service (DOS), which aids in record verification. This field may also be used as a "from" date for encounters that are billed over an extended period. The first DOS must always be less than or equal to the service end date.

VII.E.33. Service End Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date of service (DOS), which aids in record verification. This field may also be used as a "through" date for encounters that are billed over an extended period. The service end date must always be greater than or equal to the first DOS. When the rendered service begins and ends on the same day, the first and last DOS will be the same. If there is no end DOS in the record, this field is completed as "null."

VII.E.34. Rendering Provider Name

Field Type	lpha/Numeric	
Length	Flexible	
Format	X	
Field Description	This field contains the name of the behavioral health organization (BHO).	

VII.E.35. Rendering Provider Identification

Field Type	Alpha/Numeric
Length	8
Format	X
Field Description	This field contains the BHO Medicaid ID Number.

VII.E.36. Flat File Control Line Number (FCLN)

Field Type	Alpha/Numeric
Length	
Format	Integer
Field Description	This field is generated by the submitter as part of the flat file primary key fields to uniquely identify each distinct record in the encounter data file.

In the encounter data file, if a group of records has the same:

- Client ID
- **☒** Claim Number
- **IX** CPT®/HCPCS Procedure Code for Professional Claims or Revenue Code for Institutional Claims
- Service Start Date

Provided they are actually distinct service encounters, according to the information not required in the data file (i.e., service time, service/procedure description, etc.), each record receives a sequential number. If there is only one (1) record in the group, the FCLN should be assigned a 1(one). For example:

Client ID	Claim #	Procedure Code	Service Start Date	<u>FCLN</u>
x111111	c11111	90832	20090712	1
x111111	c22222	99211	20090712	2
x111111	c22222	T1017	20090712	3

Uniform Service Coding Standards Manual 2015

VII.E.37. Payment Date

Field Type	Numeric
Length	8
Format	YYYYMMDD
Field Description	This field contains the date the encounter is adjudicated.

VII.E.38. Billing Provider National Provider Identifier (NPI)

Field Type	Alpha/Numeric
Length	10
Format	X
Field Description	This field contains the provider's National Provider Identifier (NPI), which the HCPF Rates Section uses to price the BH service. If the service in an encounter is rendered by a staff provider at a CMHC, clinic or hospital, or is rendered by a provider affiliated or contracted with a CMHC, clinic or hospital, this field should contain the CMHC, clinic or hospital's NPI. Otherwise, this field contains the provider's individual NPI.

VI.F. Data Submission

Behavioral health organizations (BHOs) submit behavioral health (BH) encounter data to the Colorado Department of Health Care Policy and Financing (HCPF) in the flat file format on a quarterly basis. Each BHO should submit one (1) data file for Professional Claims and one (1) data file for Institutional Claims. Each BHO may submit its quarterly encounter data files in one (1) of (2) methods:

- Copy the encounter data files on a CD-Rom and mail them to HCPF
- "Zip" and password protect the encounter data files, and send them to HCPF via e-mail or published on a secure web site

Refer to the Word file "RateTimeLine&EncounterSubmissionSchedule.doc" for details.

VI.G. Data Validation Rules

	Encounter Data Validation Rules		
1	No "null" in the primary key fields		
2	No duplicates based on the primary key fields		
3	No "null" in the primary diagnosis field		
4	No "null" in all other required fields		
5	Random checks on:		
	a. Client eligibility and enrollment		
	b. Service category assignment logic		

VI.H. Data Process Summary Report

Encounter Data Process Summary Report	
1	Number of distinct clients
2	Count of claims and count of units by BHO, Rendering Provider and Service Program Category
3	List of deleted encounters by reason

Uniform Service Coding Standards Manual 2015

VII. Requesting Procedure Code Revisions

The American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) have formal procedures for requesting revisions, additions and/or deletions to the procedure code sets. This section broadly describes these processes, as well as the procedure for requesting revisions to the Colorado Community Behavioral Health Services Program approved procedure code lists for behavioral health (BH) through the Colorado Department of Health Care Policy and Financing (HCPF).

VII.A. CPT® Procedure Code Revisions

The American Medical Association (AMA) has specific procedures to address suggested revisions to the *Current Procedural Terminology* (CPT®) procedure codes. Coding change request forms are available through the AMA (www.ama-assn.org) and are required to initiate a review of a proposed coding change by the CPT® Advisory Committee. Before submitting suggestions for changes to CPT® procedure codes, answer the following basic questions:

- Is the suggestion a fragmentation of an existing procedure/service?
 Usually, all components of a procedure/service are included in the CPT® procedure code. If there are several components that are usually performed as part of that procedure/service, a separate CPT® procedure code is not typically assigned for each component, unless the component may be performed alone. Then a separate CPT® procedure code is indicated for that procedure/service.
- Can the suggested procedure/service be reported by using two (2) or more existing CPT® procedure codes?

 Certain CPT® procedure codes describe only a portion of a procedure/service performed. The procedure/service may vary, depending on the individual patient, the extent of the disease, and/or other complicating factors. This may require reporting two (2) or more CPT® procedure codes to specify the procedures/services rendered. The CPT® Editorial Panel does not try to generate CPT® procedure codes to cover all possible combinations for every procedure/service, thus it is anticipated that two (2) or more CPT® procedure codes will be used to report these procedures/services.
- Does the suggested procedure/service represent a distinct service? The CPT® lists descriptive terms and procedure codes for reporting services and procedures. Review the proposed procedure code change or addition and consider what the actual service/procedure involves. While there are many sophisticated devices and equipment to render procedures/services, the CPT® is intended to list those services/procedures which require actual work performance or direct supervision by a physician or practitioner. The device/equipment used is not listed in the CPT® procedure code.
- Is the suggested procedure/service merely a means to report extraordinary circumstances related to the
 performance of a procedure/service already included in CPT®?
 A modifier indicates that a service/procedure performed has been altered by some specific circumstance but not
 changed in its definition or CPT® procedure code.

If the answers to the above questions suggest a new descriptor or CPT® procedure code is warranted, a proposal is submitted by completing a coding change request form, which requires the following information:

- A complete description of the procedure/service (i.e., describe in detail the skill and time involved)
- A clinical vignette that describes the typical patient and work rendered by the physician/practitioner
- The diagnosis of patients for whom this procedure/service would be rendered
- A copy(s) of peer reviewed articles published in US journals indicating the safety and effectiveness of the procedure/service, as well as the frequency with which the procedure/service is performed and/or estimation of its projected performance
- A copy(s) of additional published literature that further explains the request (e.g., practice parameters/guidelines or policy statements on a particular procedure/service)
- Evidence of US Food and Drug Administration (FDA) approval of the drug or device used in the procedure/service, if required
- Answer the following questions:
 - Why are the existing CPT® procedure codes inadequate? (Be very specific.)
 - What specific descriptors are proposed? (Suggest wording as well as placement of the proposed procedure code(s) within the existing CPT® procedure code range.)
 - Can any existing CPT® procedure codes be changed to include these new procedures/services without significantly affecting the extent of the procedures/services? (If not, give reasons why the existing CPT® procedure codes are incomplete.)
 - Give specific rationale for each CPT® procedure code proposed, including a full explanation on how each proposed CPT® procedure code differs from existing CPT® procedure codes.
 - o If a CPT® procedure code is recommended for deletion, how should the service/procedure then be coded?
 - o How long (i.e., number of years) has this procedure/service been rendered for patients?
 - o What is the frequency in which a physician or other practitioner might perform the procedure/service?
 - What is the typical site (e.g., office, hospital, nursing facility, ambulatory or other outpatient care setting, patient's home) where this procedure/service is rendered?
 - o Does the procedure/service involve the use of a drug or device that requires FDA approval?

The information provided does not insure that the CPT® Editorial Panel will adopt the suggested change. The initial AMA staff and CPT® Advisory Committee review process takes several months. CPT® schedule information is available on the AMA web site. The CPT® Editorial Panel action may result in one (1) of the following outcomes:

- Addition of a new CPT® procedure code or revision of an existing CPT® procedure code(s)
- Postponement of a suggested change to obtain further information
- Rejection of a suggested change

VII.B. HCPCS Procedure Code Revisions

A request to establish, revise or discontinue a Healthcare Common Procedure Coding System (HCPCS) procedure code may

be submitted using the standard format found on the Centers for Medicare and Medicaid (CMS) web site (www.cms.gov).

Prepare a cover letter outlining the HCPCS procedure code request and a brief summary of why a procedure code

modification is necessary. In addition to providing the information according to the format, include any descriptive

material that would be helpful in furthering CMS' understanding of the medical benefits of the item/procedure for which

a coding modification is requested. Submit the original request with supporting documentation and, to expedite

distribution and review, include 35 complete copies of the request information packet. To ensure timely review of

materials, limit recommendations to no more than 40 pages, including both application questions and answers.

When the request is received, it is distributed to all reviewers. The item is placed on HCPCS Meeting Agenda and reviewed

at regularly scheduled meetings by a panel whose membership includes representatives of Medicaid, Medicare, and

private insurers. All external requests, (e.g. requests not generated internally) that are completed according to the

applicable timeline are placed on a Public Meeting Agenda. The HCPCS Public Meetings provide an open forum for

interested parties to make oral presentations or to submit written comments in response to published preliminary coding

decisions. Announcements of dates, times and locations of public meetings are published in the Federal Register. CMS

also posts public meeting information on the official HCPCS website (www.cms.hhs.gov/medicare/hcpcs). Public Meetings

provide an opportunity for applicants and the general public to react to preliminary coding decisions and share additional

information with decision makers, prior to final decisions. All applicants are notified, in writing, of the final decision on

their application, and all modifications to the HCPCS codes set are included in the HCPCS Level II Annual update.

The HCPCS procedure code review process is ongoing and continuous. Requests may be submitted at anytime throughout

the year. Early submissions are strongly encouraged. Requests that are complete are reviewed and processed on a first

come, first served basis. For additional information regarding the HCPCS procedure coding process or the application

process:

Review documents on the CMS web site at <u>www.cms.hhs.gov/medhcpcsgeninfo</u>

Submit an inquiry to <u>HCPCS@cms.hhs.gov</u>

Contact CMS HCPCS staff¹⁵⁴

VII.C. Colorado HCPF Procedure Code Revisions

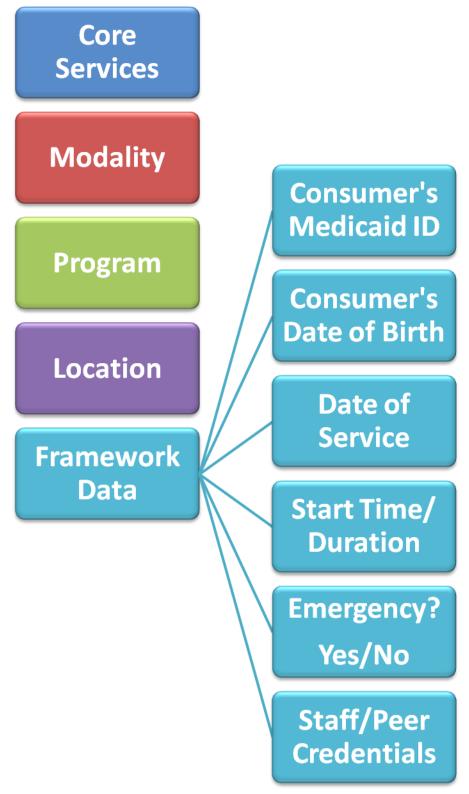
To submit a suggestion to add, delete or change the Colorado Community Behavioral Health Services Program approved procedure code list (Appendix E) submit the following information to the Colorado Department of Health Care Policy and Financing (HCPF):

- Current approved CPT®/HCPCS procedure code, if applicable
- Suggested CPT®/HCPCS procedure code(s)
- Brief rationale for the suggested CPT®/HCPCS procedure code(s) with supporting references to State and/or Federal regulations, coding manuals, etc.
- Applicable modifier(s)
- Applicable population(s)
- Applicable mode(s) of delivery
- Applicable place(s) of service (POS)
- Medicaid State Plan and/or 1915(b)(3) Waiver program service category(ies), if applicable
- Minimum staff requirements
- Minimum documentation requirements
- Example(s), if available
- Requested implementation date

HCPF will review and discuss recommendations with the appropriate stakeholders (e.g., behavioral health organizations (BHOs), community mental health centers (CMHCs), substance abuse treatment providers) prior to making a final determination. If the recommendation is accepted, a revised approved procedure code list will be distributed to the appropriate stakeholders. In addition, the *Uniform Service Coding Standards (USCS) Manual* will also be updated and distributed.

Requests for revisions to the approved procedure code list(s) must be submitted to HCPF *prior to* the use of the requested procedure code(s), to ensure appropriate encounter reporting, and/or billing and reimbursement.

Appendix A: Colorado Health Network's (CHN) Encounter Design Matrix



Uniform Service Coding Standards Manual 2015

Colorado Health Network's (CHN) Encounter Design Matrix

Core Services	Assessment Services	Case Management Services	Peer Support/ Recovery Services	Prevention/ Early Intervention Services	Residential Services	Respite Care Services	Treatment Services	Vocational Services
Modality (Not All Inclusive)	Assessment	Consultation	Family Psychotherapy	Group Psychotherapy	Individual Psychotherapy	Job Coaching	Medication Management	Skills Training & Development
Program (Not All Inclusive)	Acute Treatment Unit (ATU)	Child & Adolescent Day Treatment	Outpatient Mental Health Services	Intensive/In- Home Family Program	Nursing Home Services	Prevention/Early Intervention Program	Residential Services	Vocational Services
Location (Not All Inclusive)	Client's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Shelter
Framework Data	Client's Medicaid ID	Client's Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

Uniform Service Coding Standards Manual 2015

EXAMPLE: A client enrolled in a CMHC's Vocational Program receives job coaching in his/her place of employment:

Core Services	Assessment Services	Case Management Services	Peer Support/ Recovery Services	Prevention/ Early Intervention Services	Residential Services	Respite Care Services	Treatment Services	Vocational Services
								I
Modality (Not All Inclusive)	Assessment	Consultation	Family Psychotherapy	Group Psychotherapy	Individual Psychotherapy	Job Coaching	Medication Management	Skills Training & Development
Program (Not All Inclusive)	Acute Treatment Unit (ATU)	Child & Adolescent Day Treatment	Outpatient Mental Health Services	Intensive/In- Home Family Program	Nursing Home Services	Prevention/Early Intervention Program	Residential Services	Vocational Services
		ı		ı	1			
Location (Not All Inclusive)	Client's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Other POS
								I
Framework Data (All Six Required)	Client's Medicaid ID	Client's Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

Procedure Code: H2025, Ongoing support to maintain employment

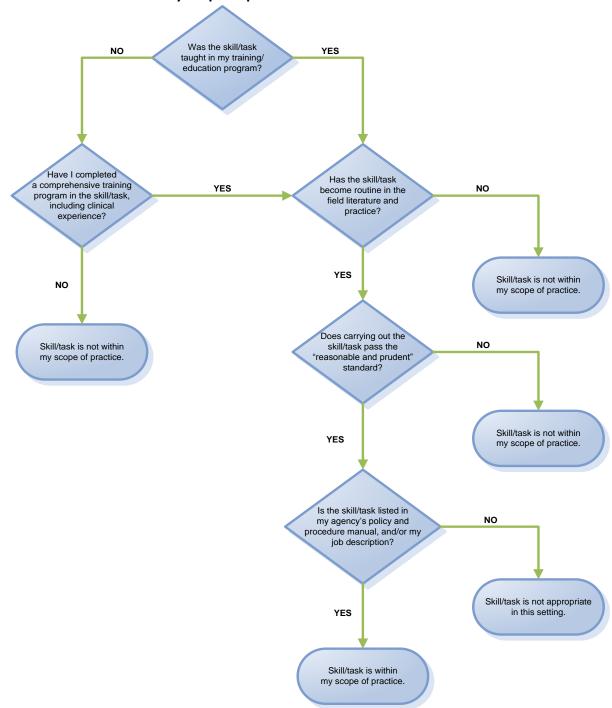
EXAMPLE: A client receives case management to access needed services in the community:

Core Services	Assessment Services	Case Management Services	Peer Support/ Recovery Services	Prevention/ Early Intervention Services	Residential Services	Respite Care Services	Treatment Services	Vocational Services
Modality (Not All Inclusive)	Assessment	Case Management	Family Psychotherapy	Group Psychotherapy	Individual Psychotherapy	Job Coaching	Medication Management	Skills Training & Development
					I	l		
Program (Not All Inclusive)	Acute Treatment Unit (ATU)	Child & Adolescent Day Treatment	Outpatient Mental Health Services	Intensive/In- Home Family Program	Nursing Home Services	Prevention/Early Intervention Program	Residential Services	Vocational Services
				I				
Location (Not All Inclusive)	Client's Home	CMHC Outpatient Center	Emergency Room (ER)	Group Home	Jail/Correctional Facility	Nursing Home	School	Other POS
Framework Data (All Six Required)	Client's Medicaid ID	Client's Date of Birth (DOB)	Date of Service (DOS)	Start/End Time OR Duration	Emergency? Yes/No	Staff/Peer Credentials		

Procedure Code: T1017, Case management, each 15 minutes

Appendix B: Scope of Practice Algorithm¹⁵⁵

"Is this skill or task within my scope of practice?"



Revised: May 1, 2015

Appendix C: Additional References

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Appendix D: Colorado Medicaid Behavioral Health Services Program Procedure Code List

			CPT/HCPCS	Health Services Program A					/lodifi				
Service Domain	Service Domain Category	Service Domain Sub-Category	Procedure Code	Short Description	(p)(3)	SP	22	52	GT	TF	TG	Unit *	Page #
			00104	Anesth, electroshock		Х						Е	N/A
			90785	Psytx complex, interactive	Х	Х			Х			Е	42
Assessment	Assessment		90791	Psy dx eval	Х	Х			Χ			Е	43
Assessment	Assessment		90792	Psy dx eval w/med srvcs	Х	Х			Χ			Е	44
Treatment	Psychotherapy	Individual Psychotherapy	90832	Psytx pt&family 30 mins	Х	Х	Х	Х	Х			Е	45
Treatment	Psychotherapy	Individual Psychotherapy	90833	Psytx pt&family w/e&m 30 mins	Х	Х	Х	Х	Х			Е	46
Treatment	Psychotherapy	Individual Psychotherapy	90834	Psytx pt&family 45 mins	Х	Х	Х	Х	Х			E	47
Treatment	Psychotherapy	Individual Psychotherapy	90836	Psytx pt&family w/e&m 45 mins	Х	Х	Х	Х	Χ			Е	48
Treatment	Psychotherapy	Individual Psychotherapy	90837	Psytx pt&family 60 mins	Х	Х	Х	Х	Х			Е	49
Treatment	Psychotherapy	Individual Psychotherapy	90838	Psytx pt&family w/e&m 60 mins	Х	Х	Х	Х	Х			Е	50
Treatment	Psychotherapy	Psychotherapy for Crisis	90839	Psytx crisis initial 60 min	Х	Х	Х	Х	Χ			Е	51
Treatment	Psychotherapy	Psychotherapy for Crisis	90840	Psytx crisis ea addl 30 min	Х	Х	Х	Х	Х			Е	52
Treatment	Psychotherapy	Family Psychotherapy	90846	Family psytx w/o patient	Х	Х			Х			E	53
Treatment	Psychotherapy	Family Psychotherapy	90847	Family psytx w/patient	Х	Х			Χ			Е	54
Treatment	Psychotherapy	Group Psychotherapy	90849	Multiple family group psytx	Х	Х						Е	55
Treatment	Psychotherapy	Group Psychotherapy	90853	Group psychotherapy	Х	Х						Е	56
			90870	Electroconvulsive therapy		Х						E	N/A
Treatment	Other Prof	Biofeedback Training	90875	Psychophysiological therapy		Х	Х	Х				E	57
Treatment	Other Prof	Biofeedback Training	90876	Psychophysiological therapy		Χ	Х	Χ				Е	58
Assessment	Psych Testing		90887	Consultation with family	Х	Х						E	59
Assessment	Psych Testing		96101	Psycho testing by psych/phys		Х		Х				1 H	60
Assessment	Psych Testing		96102	Psycho testing by technician		Х		Х				1 H	61
Assessment	Psych Testing		96103	Psycho testing admin by computer		Х						1 H	62
Assessment	Psych Testing		96116	Neurobehavioral status exam		Х		Х	Х			1 H	63
Assessment	PsychTesting		96118	Neuropsych testing by psych/phys		Х		Х				1 H	64
Assessment	Psych Testing		96119	Neuropsych testing by tech		Х		Х				1 H	65

Uniform Service Coding Standards Manual 2015

	Comice Donasia	Comitee Domesto	CPT/HCPCS					М	odifie	rs		11	D
Service Domain	Service Domain Category	Service Domain Sub-Category	Procedure Code	Short Description	(b)(3)	SP	22	52	GT	TF	TG	Unit *	Page #
Assessment	Psych Testing		96120	Neuropsych test admin w/comp		Х						1 H	66
Treatment	Psychiatric/Med Management	Med Services	96372	Ther/proph/diag inj, sc/im		Х						Е	67
Treatment	Rehabilitation	Other	97535	Self care mngment training	Х	Х		Χ				15 M	68
Treatment	Rehabilitation	Other	97537	Community/work reintegration	Х	Х		Χ				15 M	69
Assessment	Assessment/ Management		98966	Hc pro phone call 5-10 min	Х	Х						15 M	70
Assessment	Assessment/ Management		98967	Hc pro phone call 11-20 min	Х	Х						15 M	71
Assessment	Assessment/ Management		98968	Hc pro phone call 21-30 min	Х	Х						15 M	72
E/M	Office/OP		99201	Office or OP – New, 10m		Х						Е	73
E/M	Office/OP		99202	Office or OP – New, 20m		Х						Е	73
E/M	Office/OP		99203	Office or OP – New, 30m		Х						Е	73
E/M	Office/OP		99204	Office or OP – New, 45m		Х						Е	73
E/M	Office/OP		99205	Office or OP – New, 60m		Х						Е	73
E/M	Office/OP		99212	Office or OP – Est, 10m		Х						Е	73
E/M	Office/OP		99213	Office or OP – Est, 15m		Х						Е	73
E/M	Office/OP		99214	Office of OP – Est, 25m		Х						Е	73
E/M	Office/OP		99215	Office or OP – Est, 40m		Х						Е	73
E/M	Office/OP		99211	Office or OP – other		Х						Е	74
E/M	Hospital Observ		99217	Observ Care discharge day mgmt.		Х						Е	75
E/M	Hospital Observ		99218	Initial Observ Care, 30m		Х						Е	76
E/M	Hospital Observ		99219	Initial Observ Care, 50m		Х						Е	76
E/M	Hospital Observ		99220	Initial Observ Caer, 70m		Х						Е	76
Treatment	Inpatient	Initial Hospital Care	99221	Initial hospital care		Х						E	77
Treatment	Inpatient	Initial Hospital Care	99222	Initial hospital care		Х						E	78
Treatment	Inpatient	Initial Hospital Care	99223	Initial hospital care		Х						Е	79
E/M	Hospital Observ		99224	Subseq Hospital Care, 15m		Х						E	80
E/M	Hospital Observ		99225	Subseq Hospital Care, 25m		Х						Е	80
E/M	Hospital Observ		99226	Subseq Hospital Care, 35m		Х						Е	80
Treatment	Inpatient	Subseq Hospital Care	99231	Subsequent hospital care		Х						Е	81

	Camilas Damair	Camilas Damaia	CPT/HCPCS					M	odifie	rs		l limit	
Service Domain	Service Domain Category	Service Domain Sub-Category	Procedure Code	Short Description	(b)(3)	SP	22	52	GT	TF	TG	Unit *	
Treatment	Inpatient	Subseq Hospital Care	99232	Subsequent hospital care		Х						E	82
Treatment	Inpatient	Subseq Hospital Care	99233	Subsequent hospital care		Х						Е	83
E/M	Hospital Inpt	Subseq Hospital Care	99234	Same day admit/DC, 40m		Х						Е	84
E/M	Hospital Inpt	Subseq Hospital Care	99235	Same day admit/DC, 50m		Х						Е	84
E/M	Hospital Inpt	Subseq Hospital Care	99236	Same day admit/DC, 55m		Χ						Е	84
Treatment	Inpatient	Hospital Discharge	99238	Hospital discharge day		Х						Е	8.
Treatment	Inpatient	Hospital Discharge	99239	Hospital discharge-manage		Х						E	86
E/M	Consultations	Office of OP	99242	Inpatient Consultation, 30m		Х						E	88
E/M	Consultations	Office of OP	99243	Inpatient Consultation, 40m		Х						Е	88
E/M	Consultations	Office of OP	99244	Inpatient Consultation, 60m		Х						Е	8
E/M	Consultations	Office of OP	99245	Inpatient Consultation, 80m		Х						Е	88
Treatment	Inpatient	Consultations	99251	Inpatient consultation		Х			Х			Е	89
Treatment	Inpatient	Consultations	99252	Inpatient consultation		Х			Х			Е	90
Treatment	Inpatient	Consultations	99253	Inpatient consultation		Х			Х			Е	9:
Treatment	Inpatient	Consultations	99254	Inpatient consultation		Х			Х			E	9:
Treatment	Inpatient	Consultations	99255	Inpatient consultation		Χ			Χ			Е	93
E/M	ED		99281	ED services		Х						Е	94
E/M	ED		99282	ED services		Х						Е	94
E/M	ED		99283	ED services		Х						E	94
E/M	ED		99284	ED services		Х						E	94
E/M	ED		99285	ED services		Х						Е	94
E/M	Nursing facility		99304	Initial nursing facility, 25m		Х						Е	9!
E/M	Nursing facility		99305	Initial nursing facility, 35m		Х						E	9!
E/M	Nursing facility		99306	Initial nursing facility, 45m		Х						Е	9.
E/M	Nursing facility		99307	Subseq nursing facility, 10m		Х						Е	9
E/M	Nursing facility		99308	Subseq nursing facility, 15m		Х						Е	9
E/M	Nursing facility		99309	Subseq nursing facility, 25m		Х						Е	9
E/M	Nursing facility		99310	Subseq nursing facility, 35m		Х						Е	9
E/M	Nursing facility		99315	Nursing facility discharge, 30m		Х						Е	9
E/M	Nursing facility		99316	Nursing facility discharge, 30+m		Х						Е	9
E/M	Nursing facility		99318	Annual nursing facility assmt		Х						Е	9

			CPT/HCPCS	ealth Services Program Appr					odifie				
Service Domain	Service Domain Category	Service Domain Sub-Category	Procedure Code	Short Description	(b)(3)	SP	22	52	GT	T	TG	Unit *	Page #
E/M	Dom, rest, cust		99324	Dom, Rest, Custodial – New, 20m		Х						Е	99
E/M	Dom, rest, cust		99325	Dom, Rest, Custodial – New, 30m		Х						Е	99
E/M	Dom, rest, cust		99326	Dom, Rest, Custodial – New, 45m		Х						Е	99
E/M	Dom, rest, cust		99327	Dom, Rest, Custodial – New, 60m		Х						Е	99
E/M	Dom, rest, cust		99328	Dom, Rest, Custodial – New, 75m		Х						Е	99
E/M	Dom, rest, cust		99334	Dom, Rest, Custodial – Est, 15m		Х						Е	99
E/M	Dom, rest, cust		99335	Dom, Rest, Custodial – Est, 25m		Х						Е	99
E/M	Dom, rest, cust		99336	Dom, Rest, Custodial – Est, 40m		Х						Е	99
E/M	Dom, rest, cust		99337	Dom, Rest, Custodial – Est, 60m		Х						Е	99
E/M	Home		99341	Home care – New, 20m		Х						Е	100
E/M	Home		99342	Home care – New, 30m		Х						Е	100
E/M	Home		99343	Home care – New, 45m		Х						Е	100
E/M	Home		99344	Home care – New, 60m		Х						Е	100
E/M	Home		99345	Home care – New, 75m		Х						Е	100
E/M	Home		99347	Home care – Est, 15m		Х						Е	100
E/M	Home		99348	Home care – Est, 25m		Х						Е	100
E/M	Home		99349	Home care – Est, 40m		Х						Е	100
E/M	Home		99350	Home care – Est, 60m		Х						Е	100
Treatment	Other Prof	Team Conference	99366	Team conf w/patient by hc pro		Х	Х	Х	Х			Е	101
Treatment	Other Prof	Team Conference	99367	Team conf w/o patient by phys		Х	Х	Х	Х			Е	102
Treatment	Other Prof	Team Conference	99368	Team conf w/patient by hc pro		Х	Х	Х	Х			Е	103
Treatment	Psychiatric/Med Management	Telephone	99441	Phone e/m by phys 5-10 min		Х	Х	Х				Е	104
Treatment	Psychiatric/Med Management	Telephone	99442	Phone e/m by phys 11-20 min		Х	Х	Х				Е	105
Treatment	Psychiatric/Med Management	Telephone	99443	Phone e/m by phys 21-30 min		Х	Х	Х				E	106
Treatment	Intensive Treatment	РНР	G0176	OPPS/PHP;activity therapy		Х		Х				Е	107
Treatment	Intensive Treatment	РНР	G0177	OPPS/PHP; train & educ serv		Х		Х				Е	108
Assessment	Assessment		H0001	Alcohol and/or drug assessment		Х							109

	Camilia Dami	Camila Banai	CPT/HCPCS					M	odifie	rs		11	
Service Domain	Service Domain Category	Service Domain Sub-Category	Procedure Code	Short Description	(b)(3)	SP	22	52	GT	T F	TG	Unit *	Page #
Assessment	Screening		H0002	Alcohol and/or drug screening	Х	Х		Х				Е	110
Treatment	Psychotherapy	Individual Psychotherapy	H0004	Alcohol and/or drug services	Х	Χ		Х	Χ			15 M	112
Treatment	Substance Use		H0005	Alcohol and/or drug services	Х	Х						1 H	113
Case Management			H0006	Alcohol and/or drug services	Х	Х						15 M	114
Treatment	Intensive Treatment	IOP – SUD	H0015	Intensive outpatient								E	121
Residential	ATU		H0017	Alcohol and/or drug services	Х	Х						D	122
Residential	Residential		H0018	Alcohol and/or drug services	Х	Х				Х	Χ	D	123
Residential	Residential		H0019	Alcohol and/or drug services	Х	Χ				Χ	Χ	D	124
Treatment	Substance Use		H0020	Alcohol and/or drug services		Χ						E	125
Prevention/ Early Intervention	Outreach		H0023	Alcohol and/or drug outreach	х	х						Е	128
Prevention/ Early Intervention	Education		H0025	Alcohol and/or drug prevention	х	Х						E	130
Assessment	Assessment		H0031	MH health assess by non-md	Х	Χ			Χ			Е	136
Assessment	Treatment/ Service Planning		H0032	MH svc plan dev by non-md	Х	Х			Х			E	137
Treatment	Psychiatric/Med Management	Med Services	H0033	Oral med adm direct observe	Х	Х						Е	138
Treatment	Psychiatric/Med Management	Med Services	H0034	Med trng & support per 15min	х	Х		Х				15 M	139
Treatment	Intensive Treatment	РНР	H0035	MH partial hosp tx under 24h		Х						D	140
Treatment	Rehabilitation	CPST	H0036	Comm psy face-face per 15min	Х	Х		Х				15 M	141
Treatment	Rehabilitation	CPST	H0037	Comm psy sup tx pgm per diem	Х	Х						D	142
Peer Support/ Recovery			H0038	Self-help/peer svc per 15min	х	Х		Х	Х			15 M	143
Treatment	Rehabilitation	ACT	H0039	Asser com tx face-face/15min	Х	Χ		Х	Х			15 M	144
Treatment	Rehabilitation	ACT	H0040	Assert comm tx pgm per diem	Х	Х			Х			D	145
Residential	Supported Housing		H0043	Supported housing, per diem	Х	Х						D	146

	Colorado Medicaio	d Community Be		alth Services Program App	proved	Proc	edur						
	Service Domain	Service Domain	CPT/HCPCS					M	lodifie	ers		Unit	Page
Service Domain	Category	Sub-Category	Procedure Code	Short Description	(b)(3)	SP	22	52	GT	TF	TG	*	#
Residential	Supported Housing		H0044	Supported housing, per month	Х	Х						M	147
Respite Care			H0045	Respite not-in-home per diem	Х							D	148
Assessment	Assessment		H1011	Family assessment		Х						Е	156
Assessment	Assessment		H2000	Comp multidisipln evaluation	Х	Х			Х			Е	157
Treatment	Rehabilitation	Rehab Program	H2001	Rehab program 1/2 day	Х	Х	Х	Х				1/2 D	158
Treatment	Crisis/Emergency		H2011	Crisis interven svc, 15 min	Х	Х		Х				15 M	159
Treatment	Intensive Treatment	BH Day Treatment	H2012	Behav health day treat, per hr		Х		Х				1 H	160
Treatment	Rehabilitation	Other	H2014	Skills train and dev, 15 min	Х	Х		Х				15 M	161
Peer Support/ Recovery			H2015	Comp comm supp svc, 15 min		Х		х	х			15 M	162
Peer Support/ Recovery			H2016	Comp comm supp svc, per diem		Х			х			D	163
Treatment	Rehabilitation	PSR	H2017	Psysoc rehab svc, per 15 min	Х	Х		Х				15 M	164
Treatment	Rehabilitation	PSR	H2018	Psysoc rehab svc, per diem	Х	Х						D	165
Treatment	Other Prof	Comm-Based Wrap-Around	H2021	Com wrap-around sv, 15 min		Х		Х				15 M	166
Treatment	Other Prof	Comm-Based Wrap-Around	H2022	Com wrap-around sv, per diem		Х						D	167
Vocational			H2023	Supported employ, per 15 min	Х			Х				15 M	168
Vocational			H2024	Supported employ, per diem	Х							D	169
Vocational			H2025	Supp maint employ, 15 min	Х			Х				15 M	170
Vocational			H2026	Supp maint employ, per diem	Х							D	171
Treatment	Other Prof	Psychoeducation	H2027	Psychoed svc, per 15 min	Х	Х		Х				15 M	172
Treatment	Rehabilitation	Clubhouse	H2030	MH clubhouse svc, per 15 min	Х	Х		Х				15 M	173
Treatment	Rehabilitation	Clubhouse	H2031	MH clubhouse svc, per diem	Х	Х						D	174
Treatment	Rehabilitation	Other	H2032	Activity therapy, per 15 min	Х	Х		Х				15 M	175
Treatment	Other Prof	MST	H2033	Multisys ther/juvenile 15min		Х		Х				15 M	176
Treatment	Psychiatric/Med Management	Med Services	M0064 (Use Code 99212)	Br office visit for monitor/change prescrip		х			х			Е	181

	Colorado Medicaio	d Community Be	ehavioral He	alth Services Program App	roved F	Proce	dure	e Cod	des, d	ont.			
	Service Domain	Service Domain	CPT/HCPCS					M	lodifie	ers		Unit	Dago
Service Domain	Category	Sub-Category	Procedure Code	Short Description	(b)(3)	SP	22	52	GT	TF	TG	*	Page #
Social Ambulatory Detoxification			S3005	Eval self-assess depression		х						Е	182
Respite Care	Respite Care	Respite	S5150	Unskilled respite care, per 15m	Х			Х				15 M	183
Respite Care	Respite Care	Respite	S5151	Unskilled respite care, per diem	Х							D	184
Treatment			S9445	PT education noc individ		Х							185
Prevention/Early Intervention	Education		S9453	Smoking cessation class	Х	Х						Е	186
Prevention/Early Intervention	Education		S9454	Stress mgmt class	х	Х						Е	187
Treatment	Intensive Treatment	IOP – Mental Health	S9480	Intensive outpatient		Х						D	188
Treatment	Crisis/Emergency		S9485	Crisis intervention per diem	Х	Х						D	189
Respite Care			T1005	Respite care service 15 min	Х			Х				15 M	191
Social Ambulatory Detoxification			T1007	Treatment plan development		Х						15 M	193
Case Management			T1016	Case management	Х	Х		Х				15 M	198
Case Management			T1017	Targeted case management	Х	Х		Х				15 M	199
Social Ambulatory Detoxification			T1019	Personal care service		Х						15 M	200
Social Ambulatory Detoxification			T1023	Program intake assessment		Х						Е	201

*Unit	Definition
15 M	15 Minutes
1 H	1 Hour
½ D	½ Day
E	Encounter (Session/Visit)
D	Day
M	Month

SP = Medicaid State Plan Service (b)3 = 1915(b)(3) Waiver Service

Appendix E: CDHS OBH Approved Procedure Code List

CPT/HCPCS	DHS – OBH Approved Behavioral He			difiers			
Procedure Code	Short Description	22	52	GT	TF	TG	Unit
00104	Anesth, electroshock						Е
80101	Drug Urine Screening						Е
82075	Assay of Breath Ethanol						Е
90772	Therapeutic IM Injection						Е
90785	Psytx complex, interactive			Х			Е
90791	Psy dx eval	Х	Х	Х			Е
90792	Psy dx eval w/med srvcs	Х	Х	Х			Е
90832	Psytx pt&family 30 mins	Х	Х	Х			Е
90833	Psytx pt&family w/e&m 30 mins	Х	Х	Х			Е
90834	Psytx pt&family 45 mins	Х	Х	Х			Е
90836	Psytx pt&family w/e&m 45 mins	Х	Х	Х			Е
90837	Psytx pt&family 60 mins	Х	Х	Х			Е
90838	Psytx pt&family w/e&m 60 mins	Х	Х	Х			Е
90839	Psytx crisis initial 60 min	Х	Х	Х			Е
90840	Psytx crisis ea addl 30 min	Х	Х	Х			30 m
90846	Family psytx w/o patient			Х			Е
90847	Family psytx w/patient			Х			Е
90849	Multiple family group psytx						Е
90853	Group psychotherapy						Е
90870	Medication management			Х			Е
90875	Electroconvulsive therapy						Е
90876	Psychophysiological therapy	Х	Х				Е
90899	Psychophysiological therapy	Х	Х				Е
96100	Psychiatric Service Therapy						
90887	Developmental Test						
96101	Consultation with family						Е
96102	Psycho testing by psych/phys		Х				1 H
96116	Psycho testing by technician		Х				1 H
96118	Neurobehavioral status exam		Х	Х			1 H
96119	Neuropsych tst by psych/phys		Х				1 H
96150	Neuropsych testing by tech		Х				1 H
96151	Assess Hlth/Behave, Initial						
	Assess Hith/Behave, Subsequent						
96152	Intervene Hlth/Behave, Indiv						
96154	Intervene Hlth/Behave, Fam W/PT						

CPT/HCPCS			Mo	difiers			
Procedure Code	Short Description	22	52	GT	TF	TG	Unit
96372	Ther/proph/diag inj, sc/im						E
97535	Self care mngment training		Х				15 N
97537	Community/work reintegration		Х				15 N
99201	Office/outpatient visit new		X				Е
99202	Office/outpatient visit new		Х				Е
99203	Office/outpatient visit new		Х				Е
99204	Office/outpatient visit new		Х				Е
99205	Office/outpatient visit new		Х				Е
99211	Office/outpatient visit est						Е
99212	Office/outpatient visit est		Х				Е
99213	Office/outpatient visit est		Х				Е
99214	Office/outpatient visit est		Х				Е
99215	Office/outpatient visit est		Х				Е
99221	Initial hospital care						Е
99222	Initial hospital care						Е
99223	Initial hospital care						Е
99231	Subsequent hospital care						Е
99232	Subsequent hospital care						Е
99233	Subsequent hospital care						Е
99234	Observ/Hosp Same Date 215.15						
99235	Observ/Hosp Same Date 275.58						
99236	Observ/Hosp Same Date 317.48						
99238	Hospital discharge day						Е
99251	Inpatient consultation			Х			Е
99252	Inpatient consultation			Х			Е
99253	Inpatient consultation			Х			Е
99254	Inpatient consultation			Х			Е
99255	Inpatient consultation			Χ			Е
99366	Team conf w/pat by hc pro	Х	Х	Х			Е
99367	Team conf w/o pat by phys	Х	Х	Х			Е
99368	Team conf w/pat by hc pro	Х	Х	Х			Е
99441	Phone e/m by phys 5-10 min	Х	Х				Е
99442	Phone e/m by phys 11-20 min	Х	Х				Е
99443	Phone e/m by phys 21-30 min	Х	Х				Е
G0176	OPPS/PHP;activity therapy		Х				Е
G0177	OPPS/PHP; train & educ serv		Х				Е
H0001	Alcohol and/or Drug Assessment						
H0002	Alcohol and/or drug screening			Х			Е
H0003	Alcohol and/or drug screening						Е

Uniform Service Coding Standards Manual 2015 Revised: May 1, 2015

	HS – OBH Approved Behavioral Health I	Procedur			ont.		
CPT/HCPCS	Short Description		Mo	difiers			Unit [*]
Procedure Code	Short Description	22	52	GT	TF	TG	Offic
H0004	Alcohol and/or drug services		Х	Х			15 M
H0005	Alcohol And/Or Drug Services; Group Counseling by a Clinician						
Н0006	Alcohol and/or Drug Services; Case Management						
H0007	Alcohol and/or drug services						Е
H0010	Alcohol and/or drug services						D
H0011	Alcohol and/or drug services						D
H0012	Alcohol and/or drug services						D
H0013	Alcohol and/or drug services						D
H0014	Alcohol and/or drug services						D
H0015	Alcohol and/or drug services						E
H0017	Alcohol and/or drug services						D
H0018	Alcohol and/or drug services				Х	Х	D
H0019	Alcohol and/or drug services				Х	Х	D
H0020	Alcohol and/or drug services						Е
H0021	Alcohol and/or drug training						15 N
H0022	Alcohol and/or drug interven						Е
H0023	Alcohol and/or drug outreach						Е
H0024	Behavioral Health Prevention Information Dissemination Service (One-Way Direct or Non- Direct Contact with Service Audiences to Affect Knowledge and Attitude)						
H0025	Alcohol and/or drug prevention						Е
H0026	Alcohol and/or drug prevention						Е
H0027	Alcohol and/or drug prevention						Е
H0028	Alcohol and/or drug prevention						15 N
H0029	Alcohol and/or drug prevention						Е
H0030	Alcohol and/or drug hotline						Е
H0031	MH health assess by non-md			Х			Е
H0032	MH svc plan dev by non-md			Х			Е
H0033	Oral med adm direct observe						Е
H0034	Med trng & support per 15min		Х				15 N
H0035	MH partial hosp tx under 24h						D
H0036	Comm psy face-face per 15min		Х				15 N
H0037	Comm psy sup tx pgm per diem						D
H0038	Self-help/peer svc per 15min		Х	Х			15 N
H0039	Asser com tx face-face/15min		Х	Х			15 N
H0040	Assert comm tx pgm per diem			Х			D
H0043	Supported housing, per diem						D
H0044	Supported housing, per month						М

Uniform Service Coding Standards Manual 2015 Revised: May 1, 2015

CPT/HCPCS		Modifiers					
Procedure Code	Short Description	22	52	GT	TF	TG	Unit [*]
H0045	Respite not-in-home per diem						D
H0046	Mental Health Services, Not Otherwise Specified						
H0047	Alcohol/drug abuse svc nos						15 N
H0048	Spec coll non-blood: a/d test						Е
H1000	Prenatal care at-risk assessm						3 H
H1002	Carecoordination prenatal						15 N
H1003	Prenatal at risk education						1 H
H1004	Follow up home visit/prenatal						15 N
H1010	Nonmed family planning ed						Е
H1011	Family assessment						Е
H2000	Comp multidisipln evaluation			Х			Е
H2001	Rehabilitation program 1/2 d	Х	Х				1/2 [
H2011	Crisis interven svc, 15 min		Х				15 N
H2012	Behav hith day treat, per hr		Х				1 H
H2013	Psychiatric Health Facility Service, Per Diem						
H2014	Skills train and dev, 15 min		Х				15 N
H2015	Comp comm supp svc, 15 min		Х	Х			15 N
H2016	Comp comm supp svc, per diem			Х			D
H2017	Psysoc rehab svc, per 15 min		Х				15 N
H2018	Psysoc rehab svc, per diem						D
H2021	Com wrap-around sv, 15 min		Х				15 N
H2022	Com wrap-around sv, per diem						D
H2023	Supported employ, per 15 min		Х				15 N
H2024	Supported employ, per diem						D
H2025	Supp maint employ, 15 min		Х				15 N
H2026	Supp maint employ, per diem						D
H2027	Psychoed svc, per 15 min		Х				15 N
H2030	MH clubhouse svc, per 15 min		Х				15 N
H2031	MH clubhouse svc, per diem						D
H2032	Activity therapy, per 15 min		Х				15 N
H2033	Multisys ther/juvenile 15min		Х				15 N
H2034	A/D halfway house, per diem						D
H2035	A/D TX program, per hour						1 H
H2036	Alcohol and/or Other Drug Treatment Program, Per Diem						D
H2037	Dev delay prev dp ch, 15 min						15 N
J1630	Injection, Haloperidol, Up to 5 mg						E
J1631	Injection, Haloperidol Decanoate, per 50 mg						Ε

Uniform Service Coding Standards Manual 2015 Revised: May 1, 2015

CD	HS – OBH Approved Behavioral Health F	Tocedui			Oiic.		
CPT/HCPCS	Short Description		Mo	difiers			Unit*
Procedure Code	5	22	52	GT	TF	TG	
J2315	Injection, Naltrexone, Depot Form, 1 mg						E
J2680	Injection, Fluphenazine Decanoate, up to 25 mg						E
J2794	Injection, Risperidone, long acting, 0.5 mg						E
J3490	Unclassified Drugs						E
M0064 (Use Code 99212)	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders			Х			E
S3005	Eval self-assess depression						Е
S5150	Unskilled respite care /15m		Х				15 M
S5151	Unskilled respite care /diem						D
S9445	PT education noc individ			Х			Е
S9453	Smoking cessation class						E
S9454	Stress mgmt class						E
S9480	Intensive outpatient psychia						D
S9485	Crisis intervention per diem						D
S9976	Lodging, per diem						D
T1005	Respite care service 15 min		Х				15 M
T1006	Alcohol and/or Substance Abuse Services, Family/Couple Counseling						
T1007	Treatment plan development						15 M
T1009	Child sitting services						15 M
T1010	Meals when receive services						1 Mea
T1012	Alcohol/Substance Abuse skil						15 M
T1013	Sign lang/oral interpreter						15 M
T1016	Case management (Do not use per State)		Х				15 M
T1017	Targeted case management		Х				15 M
T1019	Personal care ser, per 15 min						15 M
T1023	Program intake assessment						Е
T1027	Family traning and counseling						15 M
T1999	NOC retail items and supplies						Е
T2001	N-emer trans pt attend/escort						1 ride

Appendix F: Abbreviations & Acronyms

Uniform Se	rvice Coding Standards (USCS) Manual Abbreviations & Acronyms
Term/Acronym	Definition
ABC	Access Behavioral Care
ABPN	American Board of Psychiatry and Neurology
ACMCS	American College of Medical Coding Specialists
ACF	Assisted Care Facility or Alternative Care Facility
ACS	Affiliated Computer Services
ACT	Assertive Community Treatment
ADL	Activities of Daily Living
Adol	Adolescent
AHA	American Hospital Association
AHIMA	American Health Information Management Association
ALR	Assisted Living Residence
AMA	American Medical Association <i>OR</i> Against Medical Advice
AOD	Alcohol and/or Other Drugs
APN	Advanced Practice Nurse
APA	American Psychological Association
APR	Advanced Practice Registry
ASAM	American Society of Addiction Medicine
ATU	Acute Treatment Unit
(b)(3)/B3	Mental Health Program 1915(b)(3) Waiver
BEST	Bipolar Education & Skills Training
BH	Behavioral health
BHI	Behavioral Healthcare, Inc.
ВНО	Behavioral Health Organization
С	Conditional
C/A	Child/Adolescent
CAC	Certified Addiction Counselor
CAMFTE CARF	Commission on Accreditation for Marriage and Family Therapy Education
CARF	Commission on Accreditation of Rehabilitation Facilities
CASASTART SM	The National Center on Addiction & Substance Abuse at Columbia University Striving Together to Achieve Rewarding Tomorrows
СВНР	Community Behavioral Health Program
CBT	Cognitive Behavioral Therapy
CCAR	Colorado Client Assessment Record
CCR	Colorado Code of Regulations
CCSS	Comprehensive Community Support Services
CDPHE CFR	Colorado Department of Public Health and Environment Code of Federal Regulations
CHN	Colorado Health Networks
CHP	Colorado Health Partnerships
CIMA AR	Crisis Intervention Training Clinical Institute Withdrawal Assessment of Alcohol – Revised
CIWA-AR	
CLIA	Clinical Laboratory Improvements Amendment
CM	Case Management
CMHC	Community Mental Health Center
CMS	Centers for Medicare & Medicaid Services
CNA	Certified Nurse Aide
CNM	Certified Nurse Midwife
CNS	Clinical Nurse Specialist or Central Nervous System
COA	Council on Accreditation of Services for Families and Children
СР	Clinical Psychologist
CPST	Community Psychiatric Supportive Treatment
CPT®	Current Procedural Terminology

Uniform Service Coding Standards Manual 2015

Term/Acronym	Definition
CRNA	Certified Registered Nurse Anesthetist
CSW	Clinical Social Worker
CSWE	Council on Social Work Education
Cust Care	Custodial Care Facility
DC:0-03R	Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
DD	Developmental Disability(ies)
Detox	Detoxification
DHS	Colorado Department of Human Services
DHS-OBH	Colorado Department of Human Services, Office of Behavioral Health
DHS-DVR	Colorado Department of Human Services, Division of Vocational Rehabilitation
DME	Durable Medical Equipment
DO	Doctor of Osteopathy
DOB	Date of Birth
DOC	Colorado Department of Corrections
DORA	Colorado Department of Regulatory Agencies
DRDC	Denver Regional Diagnostic Center
DRG	Diagnosis-Related Group
DSM-4-TR	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision
DYC	Division of Youth Corrections
ECI	External Cause of Injury
ECS	Early Childhood Specialist
EGHP	Employer Group Health Plan
EHR	Electronic Health Record
El	Early Intervention
E/M	Evaluation and Management
EMC	Electronic Media Claim
EMG	Emergency
ЕОВ	Explanation of Benefits
EPSDT	Early Periodic Screening Diagnosis and Treatment Program
ER	Emergency Room
FARS/DFARS	Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement
FBHP	Foothills Behavioral Health Partners
FCLN	Flat File Control Line Number
FDA	US Food and Drug Administration
FECA	Federal Employees' Compensation Act
FFP	Federal Financial Participation
FFS	Fee-For-Service
FL	Form Locator
FQHC	Federally Qualified Health Center
TE	Full-Time Equivalent
-γ	Fiscal Year
GED	General Education Diploma
Grp Home	Group Home
HCBS	Home and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HCPF	Colorado Department of Health Care Policy and Financing
Нер С	Hepatitis C
HHS	US Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act of 1996
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HPSA	Health Professional Shortage Area
Hrs	Hours
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification
ICF	Intermediate Care Facility
CF-MR	Intermediate Care Facility for the Mentally Retarded
ICM	Intensive Case Management
ID	Identification

Term/Acronym	Definition
EP	Individualized Education Program
IMD	Institution(s) for Mental Disease
Inpt Hosp	Inpatient Hospital
Inpt PF	Inpatient Psychiatric Facility
OP	Intensive Outpatient Psychiatric/Program
ntox	Intoxication
ICAHO	Joint Commission on Accreditation of Healthcare Organizations (The Joint Commission)
LAC	Licensed Addiction Counselor
_CSW	Licensed Clinical Social Worker
_MFT	Licensed Marriage and Family Therapist
_MHP	Licensed Mental Health Professional
.OC	Level of Care
LOF	Level of Functioning
.PC	Licensed Professional Counselor
.PN	Licensed Practical Nurse
_SW	Licensed Social Worker
	Licensed Social Worker Licensed Vocational Nurse
LVN	
MAC MAP	Master Addiction Counselor OR Medicaid Authorization Card
	Medical Assistance Program
MCO	Managed Care Organization
MD	Doctor of Medicine
MH	Mental Health
MHP	Mental Health Professional
MH/SA	Mental Health/Substance Abuse
MI	Mental Illness
MMDDYY or MMDDYYYY	Month Day Year
MMPI	Minnesota Multiphasic Personality Inventory
MR	Mental Retardation
MSA	Metropolitan Statistical Area
MSP	Medicare Secondary Payer
MST	Multi-Systemic Therapy
NAADAC	National Association of Alcohol and Drug Abuse Counselors
NAMI	National Alliance on Mental Illness
NBCC	National Board for Certified Counselors
NBHP	Northeast Behavioral Health Partnership
NCAC	Nationally Certified Addiction Counselor
NCHS	National Center for Health Statistics
NEC	Not Elsewhere Classified
NF	Nursing Facility
NH	Nursing Home
NP	Nurse Practitioner
NPI	National Provider Identifier
NPP	Non-Physician Practitioner
NOS	Not Otherwise Specified
DIG	Office of Inspector General
OPPS/PHP	Outpatient Prospective Payment System/Partial Hospitalization Program
)	Professional
PA	Physician Assistant
PCP	Primary Care Physician
	, ,
Peer Spec	Peer Specialist
PF – PHP	Psychiatric Facility – Partial Hospital
PHP	Partial Hospital Program
POS	Place of Service
PPS	Prospective Payment System
Prev	Prevention
Prev/El	Prevention/Early Intervention
Prison/CF	Prison/Correctional Facility

Term/Acronym	Definition
PRTF	Psychiatric Residential Treatment Facility
PS	Peer Specialist
PSA	Physician Scarcity Area
PSR	Psychosocial Rehabilitation
PRTF	Psychiatric Residential Treatment Center
QMAP	Qualified Medication Administration Person
R	Required
RCCF	Residential Child Care Facility
RN	Registered Nurse or Registered Professional Nurse
RTC	Residential Treatment Center
RTF	Residential Treatment Facility
RxN	Advanced Practice Nurse with Prescriptive Authority
SA	Substance abuse
SED	Serious Emotional Disturbance(s)
SFT	Strategic/Structural Family Therapy
SI	Suicidal Ideation
SMI	Serious/Severe Mental Illness
SNF	Skilled Nursing Facility
SO	Sexual Offender
SOF	Signature on File
SP	State Plan (Medicaid)
SPMI	Serious /Severe and Persistent Mental Illness
SSA	Single State Agency
SSN	Social Security Number
SW	Social Worker
TB	Tuberculosis
ТВІ	Traumatic Brain Injury
TBS	Therapeutic Behavioral Services
TCM	Targeted Case Management
Temp Lodging	Temporary Lodging
TIN	Tax Identification Number
ТОВ	Type of Bill
TRCCF	Therapeutic Residential Child Care Facility (changed to RCCF in 2012)
UA	Urinalysis
UB	Uniform Bill
US	United States of America
USCS	Uniform Service Coding Standards
Video Conf	Video Conference
Voc	Vocational
WAIS	Wechsler Adult Intelligence Scale
WRAP	Wellness Recovery Action Plan
YYYYMMDD	Year Month Day

Appendix G: Time Standards

	TIME STANDARDS FOR INDIVIDUAL PSYCHOTHERAPY PROCEDU	RE CODES	
Procedure Code	Procedure Code Description (Short)	Duration (in Mins)*	Modifier**
00022	DCVCHOTHED ADV. 20 MIN	0 - 15*	N/A
90832	PSYCHOTHERAPY, 30 MIN	16-37	
00022	DEVOLUCTUED ADV. 20 MAIN. W/F 9 MA	0 - 15*	N/A
90833	PSYCHOTHERAPY, 30 MIN; W/E&M	16-37	
90834	PSYCHOTHERAPY, 45 MIN	38-52	
90836	PSYCHOTHERAPY, 45 MIN; W/E&M	38-52	
90837	PSYCHOTHERAPY, 60 MIN	53+	
90838	PSYCHOTHERAPY, 60 MIN; W/E&M	53+	

* NOTE:

Individual psychotherapy rendered for less than 16 minutes (i.e., 0 - 15 minutes) is not reportable as 90832 or 90833

Appendix H: Interactive Complexity



Interactive Complexity Revised 11/3/12

AMERICAN ACADEMY OF CHILD & ADOLESCENT PSYCHIATRY

Definition

A new concept in 2013, interactive complexity refers to 4 specific communication factors during a visit that complicate delivery of the primary psychiatric procedure.

Report with CPT add-on code

Code Type

Add-on codes may be reported in conjunction with specified "primary procedure" codes. Add-on codes may never be reported alone.

Replaces

Codes for interactive diagnostic interview examination, interactive individual psychotherapy, and interactive group psychotherapy are deleted.

Use in Conjunction With

The following psychiatric "primary procedures":

- Psychiatric diagnostic evaluation, 90791, 90792
- Psychotherapy, 90832, 90834, 90837
- Psychotherapy add-on codes, 90833, 90836, 90838, when reported with E/M
- Group psychotherapy, 90853

When performed with psychotherapy, the interactive complexity component (90785) relates only to the increased work intensity of the psychotherapy service, and does not change the time for the psychotherapy service.

May Not Report With

- Psychotherapy for crisis (90839, 90840)
- E/M alone, i.e., E/M service not reported in conjunction with a psychotherapy add-on service
- Family psychotherapy (90846, 990847, 90849)

Typical Patients

Interactive complexity is often present with patients who:

- Have other individuals legally responsible for their care, such as minors or adults with guardians, or
- Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
- Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

Interactive complexity is commonly present during visits by children and adolescents, but may apply to visits by adults, as well.

Report 90785

When at least one of the following communication factors is present during the visit:

- The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
- Caregiver emotions or behaviors that interfere with implementation of the treatment plan.
- Evidence or disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
- 4. Use of play equipment, physical devices, interpreter or translator to overcome barriers to diagnostic or therapeutic interaction with a patient who is not fluent in the same language or who has not developed or lost expressive or receptive language skills to use or understand typical language.

Per the Center for Medicare and Medicaid Services (CMS), "90785 generally should not be billed solely for

the purpose of translation or interpretation services" as that may be a violation of federal statute.

Complicating Communication Factor Must Be Present During the Visit The following examples are NOT interactive complexity:

- Multiple participants in the visit with straightforward communication
- Patient attends visit individually with no sentinel event or language barriers
- Treatment plan explained during the visit and understood without significant interference by caretaker emotions or behaviors

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Appendix I: Case Management

Medicaid Targeted Case Management refers to activities that will assist eligible clients in gaining access to needed medical, social, educational, and other services through the following four components:

- Assessment
- Case Management Plan
- Referral and Linkage
- Monitoring and Follow-up

Assessment

Assessment (and periodic reassessment) of a client is completed in order to determine service needs, including activities that focus on determining the need for any medical, educational, social, or other services. Such assessment activities include the following:

- Taking individual history
- Identifying the needs of the client and completing related documentation
- Gathering information from other sources such as family members, medical providers, social workers, and educators, if necessary, to form a complete assessment of the client

Case Management Plan

Specific case management plans are developed (and periodically revised) based on the information collected through the assessment, and typically include the following:

- · Specific goals and actions to address the medical, social, educational, and other services needed by the client
- Activities such as ensuring the active participation of the client and working with the client (or the client's authorized health care decision maker) and others to develop such goals
- · Identifies a course of action to respond to the assessed needs of the client

Referral and Linkage

Referral and related activities (such as scheduling appointments) help the client obtain needed services. This includes activities that help link the client with medical, social and educational providers or other programs and services that are capable of providing services that address identified needs and assist with achieving goals specified in the case management plan.

Monitoring and Follow-up

Monitoring and follow-up includes activities and contacts to ensure that the case management plan is effectively implemented and adequately addresses the needs of the client. Monitoring and follow-up may be with the client, family members, service providers, or other entities. These activities may be conducted as frequently as necessary to help determine whether the following conditions are met:

- Services are being furnished in accordance with the client's case management plan
- Services in the case management plan are adequate to meet the needs of the client
- Identification of changes in the needs or status of the client. If changes in the needs or status of the client are identified, monitoring and follow-up activities include making necessary adjustments in the case management plan and service arrangements with providers.

Mode of Delivery

A case management contact is defined as any of the following:

- · A face-to-face contact with the client to render one or more case management components
- A telephone contact for the purpose of rendering one or more case management components
- A relevant email contact via secured transmittal, on behalf of the client, for the purpose of rendering one or more
 case management component

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For Medicaid purposes, a face-to-face contact is preferable with phone and/or email contact being acceptable if necessary. All contacts must comply with the Health Information Portability and Accountability Act and all confidentiality laws.

Example Case Management Activities

Allowable Medicaid Targeted Case Management activities are those that include:

- Assessing a client's medical needs through review of evaluations completed by other providers of services
- Assessing physical needs, such as food and clothing
- Assessing housing, financial and/or physical environmental needs
- Assessing vocational and/or educational needs
- Assessing independent living skills and/or abilities
- Working with the client and others to develop case management goals
- Identifying a course of action to respond to the assessed needs of the client
- Linking clients with medical, social, educational, and/or other providers, programs, and services that are capable of providing needed services
- Assisting in obtaining required educational, medical, social, or other support services by accessing available services or advocating for service provision
- Contacting social, health, and rehabilitation service providers, either via telephone or face-to-face, in order to promote access to and appropriate use of services. This includes coordination of services by multiple providers.
- Ensuring the case management plan is implemented effectively and is adequately addressing the needs of the individual
- Contacting the client, family members, outside service providers, or other entities to ensure services are being furnished in accordance with client's case management plan
- Monitoring client progress and performing periodic reviews and reassessment of treatment needs. When an assessment indicates the need for medical treatment, referrals, or arrangements for such treatment may be included as case management services, but the actual treatment must not be included
- Arranging and monitoring the client's access to primary healthcare providers. This may include written correspondence to a primary health care provider which gives a synopsis of the treatment the client is receiving
- Referral, recommendation, and facilitating movement from one program to another or from one agency to another
- Contacting the family, representatives of human service agencies, and other service providers to form a multidisciplinary team to develop a comprehensive and individualized case management plan
- Preparing a written report that details a psychiatric and/or functional status, history, treatment, or progress (other than for legal or consultative purposes) for physicians, other service providers, or agencies

Activities Not Billable as Case Management

The following is a list of activities that are not Medicaid reimbursable as components of Targeted Case Management. This list is intended as a guide and is not intended to list all non-reimbursable activities.

- Attempting but not completing a contact whether in person or by telephone
- Review of case management records within the agency
- Referring and monitoring of one's own activities
- Scheduling and/or re-scheduling of appointments with the case manager's agency
- Providing special requested information regarding clients for the provider, public agencies or other private entities for administrative purposes
- Participating in recreation or socialization activities with a client or his or her family
- Documentation of services provided
- Performing administrative duties such as: copying, filing, mailing of reports
- Rendering services on behalf of a client after death
- Rendering services provided as administrative case management including Medicaid eligibility determination, intake processing, and preadmission screening for inpatient care

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- Requesting utilization review and prior authorization for Medicaid
- Traveling to and from appointments on behalf of the client, or transporting the client to and from appointments
- Contacting the client to "check in"
- · Waiting while a client attends an appointment, even appointments arranged by the case manager
- Attending internal staff meetings or supervision
- Rendering services for foster care programs, such as, but not limited to, the following:
 - o Research gathering and completion of documentation required by the foster care program
 - Assessing adoption placements; recruiting or interviewing potential foster care parents
 - Serving legal papers; home investigations; providing transportation
 - o Administering foster care subsidies
 - Making placement arrangements
- Rendering the actual or direct provision of medical services or treatment:
 - Training in daily living skills
 - Training in work skills and social skills
 - Grooming and other personal services
 - o Training in housekeeping, laundry, cooking
 - o Individual, group or family therapy services
 - o Crisis intervention services
 - Diagnostic testing and assessments
- Rendering services which go beyond assisting clients in gaining access to needed services:
 - o Paying bills and/or balancing the client's checkbook
 - o Escorting or transporting clients to scheduled medical appointments
 - o Providing childcare so the client can access services
 - Shopping or running errands for the client
 - o Delivering groceries, medications, gifts
 - o Reading the mail for the client
 - Setting up the client's medication

Adapted from the South Carolina Department of Mental Health: http://www.state.sc.us/dmh/peedee/tcm_standards.pdf

Appendix J: Peer Specialists Core Competencies

Combined Core Competencies for Colorado's Peer Specialists/Recovery Coaches and Family Advocates/Family Systems Navigators

Knowledge of Mental Health/Substance Use Conditions and	Self-care
Treatments - Recognize signs and coping strategies, including the grief process - Know when to refer to a clinician - Know when to report to a supervisor - Understand interactions of physical and behavioral health	 Recognize when health may compromise the ability to work Acknowledge that personal wellness is a primary responsibility Set boundaries between work and personal life
Clients Rights/Confidentiality/Ethics/Roles - Understand scope of duties and role - Understand HIPAA / protected health information / confidentiality - Maintain professional boundaries - Recognize potential risks - Advocate when appropriate	Teaching Skills - Demonstrate wellness and teach life skills - Encourage the development of natural supports - Assist people to find and use psycho-education materials
InterpersonalSkills - Communication - Diversity and cultural competency - Relationship development - Use guiding principles pertinent to population served - Model appropriate use of personal story and self-advocacy - Goal-setting, problem-solving, teamwork, & conflict resolution	Basic Work Competencies - Seek supervision and/or ask for direction - Accept feedback - Demonstrate conflict resolutions skills - Navigate complex work environments
Resiliency, Recovery and Wellness -Understand principles and concepts of resiliency, recovery, and a wellness oriented lifestyle - Assist others with their own resiliency and recovery - Encourage options and choices - Understand impacts of labels, stigma, discrimination, and bullying - Understand person-centered resiliency and recovery planning for all ages and stages	Trauma-Informed Support - Understand impact of trauma and responses to trauma - Demonstrate sensitivity and acceptance of individual experiences - Practice cultural sensitivity - Promote shared decision-making

Resources

- Knowledge of community resources and those specific to behavioral health and physical Health and how to navigate the benefits system
- Help individuals and families recognize their natural supports
- *Knowledge of public education and special education system and other child-serving systems

Sources of Information and Input:

- 1. Advocates for Recovery Colorado Core Competencies for Recovery Coaches, (2010)
- 2. Blanch, A., Filson, B., & Penney, D. Engaging Women in Trauma-Informed Peer Support: A Guidebook (2012)
- Colorado Mental Health Advocates' Forum Peer Specialist Core Competencies, as adopted by the Colorado Department of Health Care Policy and Financing (HCPF) in its Medicaid Community Mental Health SeNicesProgram Request for Proposals released December 2008.
- 4. Colorado Mental Health Advocates' Forum Consensus Statement on Resiliency (2012)
- 5. Colorado Mental Health Advocates' Forum Consensus Statement on Trauma-Informed Care (2012)
- 6. National Federation of Families for Children's Mental Health Certified Parent Support Specialist Self- Assessment Training Checklist, Sept. 2011, from the National Federation website.
- 7. SAMHSA's Working Definition of Recovery (Dec. 2011), retrieved from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration website
- 8. House Bill 1193-Concerning Integrated System-of-Care Family Advocacy Programs for Mental Health Juvenile Justice Populations. (2011)

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^{*}Item pertains specifically to Family Advocates/Family Systems Navigators

Appendix K: Treatment Services - Biopsychosocial Assessment and Intervention (Not Approved for Use by HCPF and OBH)

	TREATMENT S	SERVICES – BIOPSYC	HOSOCIAL ASSESS	MENT & INTE	RVEN	TION
CPT®	HCPCS PROCEDURI	E CODE	PRO	CEDURE COD	E DESC	CRIPTION
	96150		Health and be	havior assessr minu		face-to-face, per 15
9	SERVICE DESCRIPTION	ON	MINIMUM	DOCUMENTA	TION	REQUIREMENTS
psychological, and s physical health and behavior assessmen psychological, behave factors important to management of phy assessment is not of biopsychosocial fact problems and treatr	o determine the biolocial factors affecting any treatment probut procedures are used in the prevention, treed in the prevention, treed in the prevention of	ng the patient's lems. Health and ed to identify the ognitive and social eatment or ens. The focus of the on the e physical health	factors affecti any treatmen 6. Plan for inter 7. ICD-9-CM phy description) 8. Name and NP	ing the consur t problems. vention. vsical health di	sycholomer's principle in sychological sycho	ogical, and social ohysical health and sis (code and erring physician
NOTES				EXAMPLE A	CTIVIT	TIES
there is no referring p in addition to codes 90 Evaluation and Manag reported the same dan performed by a physic	not be allowed with a I hysician. Do not repor 0785–90899 on the sai gement (E/M) services y. For health and/or in cian or other qualified or preventive medicine	rt codes 96150–96155 me date. codes should not be tervention services healthcare				
APP	LICABLE POPULATION	ON(S)	UNI	Т		DURATION
区 Child (0-11) 区 Adol (12-17)	☑ Young Adult (18-20)	☑ Adult(21-64) ☑ Geriatric (65+)	Day 1	15 Minutes Hour	Ma	Ainimum: 8 Minutes ximum: 2 Hrs (8 Units)
	WED MODE(S) OF DI	ELIVERY	PROG	RAM SERVICE		GORY(IES)
☑ Face-to-Face ☑ Video Conf (GT) Telephone	☑ Individual Group (HQ) Family (HR/HS)			⊠ Prev/f	₌ι (HT)	
		MINIMUM STAF	F REQUIREMENTS			
Peer Specialist Bachelor's Level (HN)	Unlicensed Master's Level (H) LAC/LCSW (AJ)/LSV LMFT/ LPC	V/ 🔀 Licensed EdD PhD/PsvD (AH)	QMAP / Psych Tech	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (SA		RxN (SA) PA (PA) MD/DO (AF)
			ERVICE (POS)			
 ☑ CMHC (53) ☑ Office (11) Mobile Unit (15) ☑ Outp Hospital(22) 	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)		Shelter (04) SNF (31)	☑ Inpt Hosp ☑ Inpt PF (51 ☑ FQHC ☑ PF-PHP (52	-)	Pharmacy (01) Prison/CF (09) School (03) Other POS (99)

Uniform Service Coding Standards Manual 2015

PROCEDURE CODE DESCRIPTION 96151 Health and behavior re-assessment, face-to-face, minutes SERVICE DESCRIPTION Re-Assessment to evaluate the patient's condition and determine the need for further treatment – re-assessment tance conducted by a clinician other than the one who conducted the patient's initial assessment. Health and behavior assessment procedures are used to identify the psychological, behavioral, emotional, cognitive and social factors important to the prevention, treatment or management of physical health problems. The focus of the biopsychosocial factors important to the physical health problems and treatments. Medical Diagnosis is Required Not Approved for Use by OBH and HCPF NOTES EXAMPLE ACTIVITIES PROCEDURE CODE DESCRIPTION Health and behavior re-assessment, face-to-face, minutes MINIMUM DOCUMENTATION REQUIREMEN Service Content Assessment of biological, psychological, and so factors affecting the consumer's physical health and behavior re-assessment. 1. Reason for re-assessment 4. Assessment of biological, psychological, and so factors affecting the consumer's physical health any treatment problems. Plan for intervention. 4. ICD-9-CM physical health diagnosis (code and description) Name and NPI number of the referring physicial health and description) Name and NPI number of the referring physicial health service. A behavioral medicine is a physical health service. A behavioral medicine service will not be allowed with a DSM-IV diagnosis or if there is no referring physician. Do not report codes 96150–96155 in addition to codes 90785–90899 on the same day. For health and/or intervention services performed by a physician or other qualified healthcare professional see E/M or preventive medicine services codes.	its ocial h and
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APPLICABLE POPULATION(S) UNIT DURATION	
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64) Encounter ☑ 15 Minutes Minimum: 8 Minutes	
☑ Adol (12-17) (18-20) ☑ Geriatric (65+) Day 1 Hour Maximum: 2 Hrs (8 L)	inits)
ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)	
☑ Prev/EI (HT)	
☑ Video Conf (GT) Group (HQ)	
Telephone Family (HR/HS)	
MINIMUM STAFF REQUIREMENTS	
Unlicensed ☑ Unlicensed EdD/ ☑ LPN/LVN (TE) ☑ RxN (SA)	
Peer Specialist Master's Level (HO) PhD/PsyD (HP) QMAP RN (TD) PA (PA)	
Bachelor's Level (HN) 🗵 LCSW (AJ)/LSW/ 🗵 Licensed EdD/ Psych Tech 🗵 APRN (SA) MD/DO (AF)	
LMFT/ LPC PhD/PsyD (AH)	
PLACE OF SERVICE (POS)	
☑ CMHC (53) ☑ ACF (13) ☑ Hospice (34) ☑ Shelter (04) ☑ Inpt Hosp (21) Pharmacy (
1 000 (44)	
\boxtimes Office (11) \boxtimes Cust Care (33) \boxtimes ICF-MR (54) \boxtimes SNF (31) \boxtimes Inpt PF (51) Prison/CF (6	09)
)9))3)

PROCEDURE CODE DESCRIPTION 96152 Health and behavior intervention, individual, face-to-face per 15 minutes SERVICE DESCRIPTION Individual intervention service used to modify the psychological, behavioral, emotional, cognitive and social factors identified as important to or directly affecting the patient's physiological functioning, disease status, health and well-being. The focus of the intervention is to improve the patient's health and well-being using cognitive, behavioral, social and/or psycho-physiological procedures designed to ameliorate specific disease-related problems. Medical Diagnosis is Required Not Approved for Use by OBH and HCPF NOTES Behavioral medicine is a physical health service. A behavioral medicine service will not be allowed with a DSM-IV diagnosis or if there is no referring physician. Do not report codes 96150–96155 in addition to codes 90785–90899 on the same date. Evaluation and Management (E/M) services codes should not be
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reported the same day. For health and/or intervention services performed by a physician or other qualified healthcare professional see E/M or preventive medicine services codes.
APPLICABLE POPULATION(S) UNIT DURATION
☑ Child (0-11) ☑ Young Adult ☑ Adult(21-64) Encounter ☑ 15 Minutes Minimum: 8 Minutes
☑ Adol (12-17) (18-20) ☒ Geriatric (65+) Day 1 Hour Maximum: 1 Hr (4 Units) ALLOWED MODE(S) OF DELIVERY PROGRAM SERVICE CATEGORY(IES)
ALLOWED MODE(3) OF DELIVERY PROGRAM SERVICE CATEGORY (IES) ☑ Prev/EI (HT)
☐ Face-to-Face ☐ Individual
☑ Video Conf (GT) Group (HQ)
Telephone Family (HR/HS)
MINIMUM STAFF REQUIREMENTS
Unlicensed
Peer Specialist Master's Level (HO) PhD/PsyD (HP) QMAP RN (TD) PA (PA)
Bachelor's Level (HN) LCSW (AJ)/LSW/ Licensed EdD/ Psych Tech APRN (SA) MD/DO (AF) LMFT/ LPC PhD/PsyD (AH)
PLACE OF SERVICE (POS)
Image: Continuous Conti
∑ Mobile Offic (13) ∑ Mobile Offic (13) ∑ Mobile Offic (13) ∑ PRTC (56) ∑ PF-PHP (52) Other POS (99)

TREATMENT SERVICES – BIOPSYCHOSOCIAL ASSESSMENT & INTERVENTION							
CPT®	HCPCS PROCEDURE	CODE	PROC	EDURE COD	E DESC	RIPTION	
	96153		Health and behavior intervention, group, face-to-face, per 15 minutes				
9	SERVICE DESCRIPTION	N	MINIMUM D	OCUMENTA	ATION F	REQUIREMENTS	
Group intervention	service used to mod	ify the	Service Content				
	ivioral, emotional, co	_	1. Group setting				
	s important to or dire	2. Intervention provided					
	ical functioning, disea	•	Individual resp		rventio	n	
_	focus of the interver	•					
	and well-being using	-	5. ICD-9-CM phys	sical health c	liagnos	is (code and	
	nd/or psycho-physiol		description)				
designed to amelio	rate specific disease-	related problems.	6. Name and NPI	number of t	he rete	erring physician	
	ical Diagnosis is Requ		Technical	Documenta		quirements	
Not Appro	oved for Use by OBH	and HCPF		See Pag	ge		
NOTES				EXAMPLE A	CTIVIT	IES	
Behavioral medicin	e is a physical health	service. A					
behavioral medicin	e service will not be a	allowed with a					
I .	r if there is no referri						
not report codes 96150–96155 in addition to codes							
90785–90899 on the same date.							
Evaluation and Mana	goment (F/NA) somices	ander should not be					
	gement (E/M) services (iy. For health and/or int						
	cian or other qualified h						
	or preventive medicine						
	LICABLE POPULATIO	• •	The state of the s	UNIT DUR			
☑ Child (0-11)	✓ Young Adult	☑ Adult(21-64)		15 Minutes		inimum: 8 Minutes	
⊠ Adol (12-17)	(18-20) WED MODE(S) OF DE	☑ Geriatric (65+)	Day	1 Hour		mum: 3 Hrs (12 Units)	
ALLOV	NED MODE(3) OF DE	LIVERT	PROGR	RAM SERVICI		GURT(IES)	
▼ Face-to-Face	Individual			₩ FTEV/	LI (III <i>)</i>		
⋉ Video Conf (GT)	☑ Group (HQ)						
Telephone	Family (HR/HS)						
		MINIMUM STAF	F REQUIREMENTS				
	Unlicensed	🗷 Unlicensed	EdD/	⊠ LPN/LV	N (TF)	⊠ RxN (SA)	
Peer Specialist	Master's Level (H	O) PhD/PsyD (HP)	QMAP	⊠ RN (TD		PA (PA)	
Bachelor's Level (HN	I) 🔀 LCSW (AJ)/LSW/	🗷 Licensed Edl	D/ Psych Tech			MD/DO (AF)	
	LMFT/ LPC		— AFNN	(JA)	WID/DO (AF)		
PLACE OF SERVICE	E (POS)						
☑ CMHC (53)		⋉ Hospice (34)	Shelter (04)	⊠ Inpt Hos	sp (21)	Pharmacy (01)	
Office (11)	Cust Care (33)		— Sherter (04) ▼ SNF (31)	Inpt PF (51)	Prison/CF (09)	
X Mobile Unit (15)	☐ Grp Home (14)	□ NF (32)	— 2IAL (2T)	□ ▼ FQHC		区 School (03)	
☑ Outp Hospital(22)	☑ Home (12)	☑ PRTC (56)		⊠ PF-PHP (52)	Other POS (99)	
L							

	TREATMENT SERVICES – BIOPSYCHOSOCIAL ASSESSMENT & INTERVENTION							
CPT®,	HCPCS PROCEDURE	CODE	PROC	EDURE COD	E DESC	RIPTION		
	96154		Health and behavior intervention, family, with patient, face-to-face, per 15 minutes					
S	SERVICE DESCRIPTIO	N	MINIMUM DOCUMENTATION REQUIREMENTS					
	service provided wi	Service Content						
F	dify the psychologic		1. Family membe	-				
_	e and social factors i		2. Intervention p					
	ectly affecting the pa oning, disease status			-	ponse t	to intervention		
r	the intervention is to		 Follow-up plan ICD-9-CM phys 		liagnosi	is (code and		
_	well-being using co	-	description)	ncai il caitii c	iiugiios	is (code and		
	nd/or psycho-physio			number of t	he refe	erring physician		
	rate specific disease-					0 1 ,		
		•	Technical	Documenta	tion Re	quirements		
	cal Diagnosis is Req			See Pag	ge			
Not Appro	ved for Use by OBH	and HCPF						
	NOTES			EXAMPLE A	CTIVITI	IES		
Behavioral medicino	e is a physical health	service. A				-		
	e service will not be							
	r if there is no referr							
1	150–96155 in additi	on to codes						
90785–90899 on th	e same date.							
Evaluation and Mana	gement (E/M) services	codes should not be						
	y. For health and/or in							
performed by a physic	cian or other qualified	healthcare						
professional see E/M	or preventive medicine	e services codes.						
ADD	LICADI E DODINI ATIO)AI/C)	UNIT DURATION					
	LICABLE POPULATION ✓ Young Adult	N(S) ⊠ Adult(21-64)		15 Minutes	N/L	inimum: 8 Minutes		
⊠ Adol (12-17)	(18-20)	☑ Geriatric (65+)	Day	1 Hour		imum: 2 Hrs (8 Units)		
	VED MODE(S) OF DE		•	AM SERVICE				
Face-to-Face	Individual			➤ Prev/	EI (HT)			
✓ Video Conf (GT)	Group (HQ)							
Telephone	☑ Family (HR/HS)							
	, \ , -1	MINIMUM STAF	F REQUIREMENTS					
	Unlicensed	□ Unlicensed		⊠ LPN/LV	'NI /דר/	☐ RxN (SA)		
Peer Specialist	Master's Level (H	_		□ LPIN/LV ☑ RN (TD				
Bachelor's Level (HN) 🗷 LCSW (AJ)/LSW/	🗷 Licensed Edl	D/ Psych Tech	_ ' '		MD/DO (AF)		
	LMFT/ LPC		— AFRIN	(JA)	WID/DO (AF)			
			ERVICE (POS)					
	∠ ACF (13)	■ Hospice (34)	⊠ Shelter (04)	☑ Inpt Hos		Pharmacy (01)		
☑ Office (11)	☑ Cust Care (33)	区F-MR (54)	SNF (31)	☑ Inpt PF (51)	Prison/CF (09)		
Mobile Unit (15)	Grp Home (14)	NF (32)		⋉ FQHC	5 0\	School (03)		
✓ Outp Hospital(22)	⊠ Home (12)	☑ PRTC (56)		✓ PF-PHP (52)	Other POS (99)		

	TREATMENT	T SERVICES – BIOPSY	CHOSOCIAL ASSESSIV	IENT & INTER	VENTIO	N		
CPT®,	HCPCS PROCEDURE	CODE	PROC	CEDURE COD	E DESC	RIPTION		
	96155			vior intervent ce-to-face, pe		mily, without patient, inutes		
9	SERVICE DESCRIPTIO	N	MINIMUM [OCUMENTA	ATION F	REQUIREMENTS		
•	on service provided v		Service Content					
-	modify the psycholog		1. Family member	•				
_	nitive and social factor or directly affecting		 Intervention provided Family's response to intervention 					
	ioning, disease statu	•	4. Follow-up plan		CITUOII			
' '	of the intervention i	•	5. ICD-9-CM phy		liagnos	is (code and		
_	th and well-being us		description)		Ū	•		
behavioral, social a	nd/or psycho-physic	ological procedures	Name and NPI	number of t	he refe	erring physician		
designed to amelic	rate specific disease	-related problems.						
			Technical	Documenta		equirements		
I .	ical Diagnosis is Requoved for Use by OBH			See Page				
Not Appro	oved for Use by UBH	and HCPF						
	NOTES		EXAMPLE ACTIVITIES					
Behavioral med	dicine is a physical he	ealth service. A						
	cine service will not b							
_	or if there is no refer							
•	s 96150–96155 in ac							
90785	–90899 on the same							
Evaluation and Mana	agement (E/M) services							
	ay. For health and/or in							
	physician or other qual							
professional see E/	M or preventive medic	ine services codes.						
APP	LICABLE POPULATIO	DN(S)	UNIT	,		DURATION		
☑ Child (0-11)		⊠ Adult(21-64)	Encounter 2	15 Minutes	М	inimum: 8 Minutes		
☑ Adol (12-17)	(18-20)	☑ Geriatric (65+)	Day	1 Hour	Max	imum: 2 Hrs (8 Units)		
ALLON	WED MODE(S) OF DE	LIVEDY	DDOC	RAM SERVIC	F CATE	COBY(IEC)		
		LIVENT	PROGR	× Prev/		GORT(IES)		
▼ Face-to-Face	Individual				(,			
✓ Video Conf (GT)	Group (HQ)							
Telephone	▼ Family (HR/HS)	DAINUNALIBA CTAE	E DECLUDENTENTS					
	Unlicanced		F REQUIREMENTS					
Peer Specialist	Unlicensed Master's Level (H	☑ Unlicensed IO) PhD/PsyD (HP)		⊠ LPN/LV		RxN (SA)		
				⊠ RN (TD		PA (PA)		
Bachelor's Level (HN) LMFT/ LPC LMFT/ LPC LMFT/ LPC PhD/PsyD (AH)				🗷 APRN	(SA)	MD/DO (AF)		
	2.711 1/ 21 C		ERVICE (POS)					
⊠ CMHC (53)	⋉ ACF (13)	11:		∏ Inpt Hos	sp (21)	Pharmacy (01)		
S Office (11)	© Cust Care (33)		Shelter (04)	⊠ Inpt PF (Prison/CF (09)		
X Mobile Unit (15)	☑ Grp Home (14)	NF (32)	SNF (31)	⊠ FQHC	•	School (03)		
✓ Outp Hospital(22)	⊠ Home (12)	⊠ PRTC (56)		☑ PF-PHP (52)	Other POS (99)		

PREVENTION/EARLY INTERVENTION SERVICES – ASSESSMENT SERVICES									
CPT®/HCPCS PROC	EDURE CODE	PROCEDURE CODE	DE DESCRIPTION USAGE						
S51	90	Wellness Assessmen	nt, performed by n		☑ Medicaid ☐ OBH				
SERVICE DESCRIPT	ION		MINIMUM DO	CUMENTATION	REQUIREMENTS	5			
Code S5190 includes treatment for a signif health knowledge, at purpose of establishi service includes follor toward health goals a Clients receiving well discuss their wellness	ficant behavioral heal titude, behavior and g ng an agreed upon wo w-up assessment to c as well as revisions to ness service should b	Technical Documentation Requirements See Page 269 Service Content 5. The reason for the visit. What was the intended goal or agenda? 6. Description of the wellness assessment provided, including areas reviewed, such as health knowledge, attitude, and behaviors. 7. Wellness plan, preferable integrated into the member treatment plan and wellness referrals as appropriate 8. Plan for next contact(s), if applicable							
NOTES			EXAMPLE ACT	IVITIES					
The wellness assessme behavioral health prograding with the assess services key to improsignificant behavioral stress management. For health and behav performed by a physical professional who masservice, see Evaluation Medicine service cod	oviders' wellness programent, appropriate recoving overall health rist health disorder, e.g. exercise and nutrition vioral assessments and ician or other qualifierly report evaluation and Management of	Assessment of: Previous efforts to address smoking cessation Understanding of health risks Motivational level for addressing health risk Setting of one to two health goals							
APPLICABLE POPU	• • • • • • • • • • • • • • • • • • • •		UNIT		DURATION				
区 Child (0-11) ☑ Adol (12-17)	⊠ Young Adult (18-20)	☑ Adult (21-64) ☑ Geriatric (65+)	区 Encounter ☐ Day	☐ 15 Minutes ☐ 1 Hour	Minimum: N/A Maximum: N/A				
ALLOWED MODE(S ☑ Face-to-Face	S) OF DELIVERY Individual		PROGRAM SEF ☑ Prev/EI (HT)	RVICE CATEGORY	Y(IES)				
☐ Video Conf (GT) ☐ Telephone	☑ Group (HQ)☑ Family (HR/HS)								
STAFF REQUIREME									
☐ Peer Specialist ☑ Bachelor's Level (H ☑ Intern	☑ Unlicensed Master's Level (I IN) ☑ LAC/LCSW (AJ)/LSW/ LMFT LPC	EdD/ □ QMAP) □ CAC I D/ □ CAC II) ⊠ CAC III	≚ LPN/LVN ⊠ RN (TD) ⊠ ADRN (S	□ PA (PA)				
PLACE OF SERVICE									
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	☑ ACF (13) ☑ Cust Care (33) ☑ Grp Home (14) ☑ Home (12)	☑ ICF-MR (54)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☐ Inpt Ho (21) ☐ Inpt PF ☐ ER (23) ☐ PF-PHP	✓ Schoo (51) ✓ NRSA ✓ Other	l (03)			

PREVENTION/EARLY INTERVENTION SERVICES – EDUCATION SERVICES								
CPT®/HCPCS PROCEDURE CODE	PROCEDURE COD	E DESCRIPTION			USAGE			
S9452	Nutrition class, non	Nutrition class, nonphysician provider, per session						
CERVICE DECERPTION								
SERVICE DESCRIPTION	Authin and and an	MINIMUM DOCUMENTATION REQUIREMENT						
Code S9452 includes a program of basic not and practice specific to assisting individua a significant behavioral health disorder, to and improved basic nutrition health behavioral purpose of addressing wellness goals. Info comes from sources that are well establish the public and the focus is on behavioral to manage and improve nutrition. NOTES The wellness nutrition class is conducted as a behavioral health providers' wellness prowellness assessment, appropriate referral services key to improving overall health ris significant behavioral health disorder, e.g. stress management, exercise and nutrition	s', in treatment for gain knowledge viors with the rmation provided ned and available to echniques to self-	Technical Documentation Requirements See Page 269 Service Content 9. The reason for the visit. What was the intended wellness goal or agenda? 10. Description of the nutrition class provided, including education regarding the importance of nutrition specific to reducing health risk. Practice of skills to improve nutrition. 11. Plan for next contact(s), if applicable EXAMPLE ACTIVITIES • Education regarding one's diet and the effect of diet on overall behavioral and physical health • Demonstration and practice in skills to improve nutrition health behaviors • Teaching methods for setting and achieving nutrition goals • Education or practice at nutritional choices when grocery shopping						
APPLICABLE POPULATION(S)		UNIT		DURATION				
☑ Child (0-11) ☑ Young Adult	☑ Adult (21-64)	☑ Encounter	☐ 15 Minutes	Minimum: N/A				
☑ Adol (12-17) (18-20)	☑ Geriatric (65+)	☐ Day	☐ 1 Hour	Maximum: N/A				
ALLOWED MODE(S) OF DELIVERY		PROGRAM SERVICE CATEGORY(IES)						
□ Face-to-Face □ Video Conf (GT) □ Telephone □ Family (HR/HS)		☑ Prev/EI (HT)						
STAFF REQUIREMENTS								
☐ Peer Specialist ☑ Unlicensed ☑ Less Than Bachelor's Master's Level (Level (HM) ☑ LAC/LCSW ☑ Bachelor's Level (HN) (AJ)/LSW/ LMFT ☑ Intern LPC	' PND/PSYD (HP) □ CAC I D/ ☑ CAC II	⊠ LPN/LVN ⊠ RN (TD) ⊠ APRN (S	⊠ PA (PA))			
PLACE OF SERVICE (POS)								
⊠ CMHC (53)⊠ ACF (13)⊠ Office (11)⊠ Cust Care (33)□Mobile Unit (15)⊠ Grp Home (14)⊠Outp Hospital(22)⊠ Home (12)	☐Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)	☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☐ Inpt Hosp ☐ Inpt PF (5 ☐ ER (23) ☐ PF-PHP (5	1) Schoo	I (03) FF (57)			

	PREVENTION/EA	RLY INTERVENT	TION SEI	RVICES – EDUCA	TION SE	RVICES		
CPT®/HCP	CS PROCEDURE COD			PROCEDURE COL				USAGE
, ,	98960		Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; individual patient					
SERV	ICE DESCRIPTION			•	CUMENT	TATION REQU	JIREME	NTS
CPT codes 98960-98962 are services prescribed by a professional (Prescribers) at health care professional trindividual or a group of paillness(s)/disease(s) or to training for patient's self-m codes only when using a below. This curriculum may needs, cultural norms and health of the services of the se	e used to report education by sician or other qual and provided by a qualificusing a standardized catients for the treatme delay comorbidity(s). The standardized curriculty be modified as necessary.	ified health care ed, non-physician urriculum to an nt of established Education and orted with these um as described ary for the clinical	See Page 269 Service Content 1. The reason for the visit. Provider prescribing the service. What we intended outcome of training and/or education (must relate to a wellness goal on client's treatment plan) 2. Description of class provided, including education regarding the importance of nutrition specific to reducing health risk or managin symptoms of behavioral health diagnosis. Practice of skills to impro					e. What was the relate to a ing the r managing
NOTES				E)	KAMPLE	ACTIVITIES		
Other CPT notes (For counseling and education provided by a physician to an individual, see the appropriate evaluation and management codes including office or other outpatient services (99201-99215), hospital observation care (99217-99220, 99224-99226) new or established patient office or other outpatient consultation (99241-99245) inpatient consultations, (99251-99255) emergency department services (99281-99285) nursing facility services (99304-99310, 99315-99315-99316, 99318) domiciliary, rest home, or custodial care services (99324-99328,99334-99337) home services (99341-99346,99347-99350). See also instruction for Use of the CPT code book for definition of reporting qualifications. (For health and behavior assessment/intervention that is not part of a standardized curriculum, see 96150-96155)				The purpose of the educational and training services is to teach the patient (may include caregiver(s)) how to effectively self-manage the patient's illness(s)/disease(s) or delay disease comorbidity(s) in conjunction with the patient's professional healthcare team. Education and training related to subsequent reinforcement or due to changes in the patient's condition or treatment plan are reported in the same manner as the original education and training. The type of education and training provided for the patient's clinical condition will be identified by the appropriate diagnosis code(s) reported. The qualifications of the non-physician healthcare professionals and the content of the educational and training program must be consistent with guidelines or standards established or recognized by a physician society, non-physician healthcare professional society/association, or other appropriate source.				
	BLE POPULATION(S)			UNIT			DURAT	ION
⊠ Adol (12-17)	(18-20)	Adult (21-64) Geriatric (65+)	☐ Enco ☐ Day	☐ 1 Hot	ır	Minimum: 1	N/A	ıtes
	MODE(S) OF DELIVER	XY		PROGRA	M SERVI	CE CATEGOR	Y(IES)	
☐ Video Conf (GT)	⊠ Individual □ Group (HQ) ☑ Family (HR/HS)			Prev/EI (HT)				
			REQUIRE	MENTS				
☑ Peer Specialist☑ Bachelor's Level (HN)☐ Intern	☑ UnlicensedMaster's Level (H☑ LCSW (AJ)/LSWLMFT/ LPC		(HP) I EdD/	⊠ QMAP	⊠ LPN/ ⊠ RN ([™] ⊠ APRI		⊠ RxN □ PA □ MD	
PLACE OF SERVICE (POS)								
☑ CMHC (53)☑ Office (11)☑ Mobile Unit (15)☑ Outp Hospital(22)	 ✓ ACF (13) ✓ Cust Care (33) ✓ Grp Home (14) ✓ Home (12)* 	☐ Hospice (34 ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)		☑ Shelter (04) ☑ SNF (31) ☑ FQHC (50)	☐ Inpt ☐ ER (2	Hosp (21) PF (51) 23) HP (52)	Sch	son/CF (09) nool (03) ner POS (99)

	PREVENTION/EARLY INTERVENTION SERVICES – EDUCATION SERVICES							
CPT®/HCF	PCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION USAGE					
	98961		Education and training for patient self-management by a qualified, non-physician health care professional using a standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients					
SERV	ICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS					
CPT codes 98960-98962 are services prescribed by a professional (Prescribers) a health care professional individual or a group of pillness(s)/disease(s) or to training for patient's self-n codes only when using a below. This curriculum manneeds, cultural norms and h	e used to report education physician or other qualing a provided by a qualified using a standardized cuatients for the treatment delay comorbidity(s). In an agement may be report standardized curriculury be modified as necessa	fied health care d, non-physician urriculum to an at of established Education and orted with these m as described ry for the clinical	int we 2. De im syl		See Page Service Comments of the Page Page Page Page Page Page Page Pag	ation Require ge 254 Content prescribing th d/or educatior nt plan) luding educatio o reducing hea	ments e service. Wh I (must relate on regarding alth risk or ma	to a the anaging
•	•		. 3. Pr	ogress towards wellr	ess goal			
			4. Pla	an for next contact				
NOTES						ACTIVITIES		
Other CPT notes (For counseling and education provided by a physician to an individual, see the appropriate evaluation and management codes including office or other outpatient services (99201-99215), hospital observation care (99217-99220, 99224-99226) new or established patient office or other outpatient consultation (99241-99245) inpatient consultations, (99251-99255) emergency department services (99281-99285) nursing facility services (99304-99310, 99315-99316, 99318) domiciliary, rest home, or custodial care services (99324-99328,99334-99337) home services (99341-99346,99347-99350). See also instruction for Use of the CPT code book for definition of reporting qualifications. (For health and behavior assessment/intervention that is not part of a standardized curriculum, see 96150-96155) **APPLICABLE POPULATION(S)** **E Child (0-11)** **Young Adult** **Adult (21-64)** **Adult (21-65+)**			the pati the pati conjunct Education to change in the sa of education will be in The consister a physica	☐ 1 Hot	aregiver(ease(s) or ent's profeated to so condition or conjunal provided opropriate non-physician har approducts inutes	s)) how to et r delay diseasessional healubsequent re on or treatme education as for the patie e diagnosis cysician health and training ards establis healthcare propriate source	fectively selfectively self-controlled selfectively self-	f-manage ity(s) in t or due reported The type condition rted. ssionals ust be gnized by
	MODE(S) OF DELIVER	Υ		PROGRAI	VI SERVIC	E CATEGOR	/(IES)	
☒ Face-to-Face☒ Video Conf (GT)☐ Telephone	□ Individual ☑ Group (HQ) ☑ Family (HR/HS)			Prev/EI (HT)				
	V I Indianana		REQUIREN	VIENTS				
☐ Peer Specialist ☑ Bachelor's Level (HN)	☑ Unlicensed Master's Level (HC ☑ LCSW (AJ)/LSW LMFT/ LPC	/ 🗵 Licensed PhD/PsyD ((HP) EdD/ AH)	□ QMAP	⊠ LPN/I ⊠ RN (T □ APRN	D) ` ´	☐ RxN (SA) ☐ PA (PA) ☐ MD/DO	
M CMATIC (E3)	W ACE (42)		F SERVIC	E (POS)		11 (24)		
区 CMHC (53) ☑ Office (11) ☑ Mobile Unit (15) ☑Outp Hospital(22)	 ✓ ACF (13) ✓ Cust Care (33) ✓ Grp Home (14) ✓ Home (12)* 	☐ Hospice (34) ☑ ICF-MR (54) ☑ NF (32) ☑ PRTF (56)		☑ Shelter (04)☑ SNF (31)☑ FQHC (50)	☐ Inpt I ☐ ER (2 ☐ PF-PI	3)	☐ Prison/C ☑ School (C ☑ Other PC	03)

SERVICE DESCRIPTION CPT codes 98960-98962 are used to report educational and training services prescribed by a physician or other qualified health care professional using a standardized curriculum. Take to face with the patient (could include caregiver/family) each 30 minutes; 5-8 Professional (Prescribers) and provided by a qualified, non-physician inhealth care professional using a standardized curriculum to an individual or a group of patients for the treatment of established adiliness(s)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these diliness(s)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these diliness(s)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these diliness(s)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these diliness(s)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these diliness(s)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these diliness(s)/disease(s) or the delucation regarding the intended outcome of training and/or education regarding the metallic professional search to a standardized curriculum, see the appropriate diagnosis. Practice of skills to improve health to a subject the patient's professional health car	CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	USAGE				
standardized curriculum, face to face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients SERVICE DESCRIPTION CPT codes 98960-98962 are used to report educational and training services prescribed by a physician or other qualified health care professional (Prescribers) and provided by a qualified, non-physician health care professional using a standardized curriculum to an individual are group of patients for the treatment of established dilness(s)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these codes only when using a standardized curriculum as described below. This curriculum may be modified as necessary for the clinical needs, cultural norms and health iteracy of the individual patient(s). NOTES NOTES Other CPT notes (For counseling and education provided by a physician to an individual, see the appropriate evaluation and management codes including office or other outpatient services (99201-99215), hospital observation care (99217-99220, 99224-99215), hospital observation care (99217-99220, posservices (99304-99316, 99318-9934), 99315-99316 abservation care (99217-99230, pursing facility services (99304-99316, 99318-99316), 99318 observation care (99217-99230, pursing facility services (99304-99316, 99318-99316), 99318 observation care (99217-99230, pursing facility services (99304-99316, 99318-99316), 99318 observation care (99318-99328), pursing facility services (99304-99316, 99318-99316), 99318 observation care (99318-99328), pursing facility services (99304-99316, 99318) obtained the patient (may include caregiver(s)) how to effectively self-manage the patient's inness(s)/disease(s) or delay disease comorbidity(s) in conjunction with the patient's ordition of restment plan are reported to changes in the patient's ordition or treatment plan are reported. The patient's inness(s)/disease(s) or delay disease comorbidity(s) in conjunction with the patient's ordition and training provided for the patient's c		gualified non physician health care professional using a					
SERVICE DESCRIPTION SERVICE DESCRIPTION CPT codes 98960-99962 are used to report educational and training services prescribed by a physician or other qualified health care professional (Prescribers) and provided by a qualified, non-physician health care professional or group of patients for the treatment of established illness(s)/disease(s) or to delay comorbidity(s). Education and individual or a group of patients for the treatment of established illness(s)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these codes only when using a standardized curriculum as described below. This curriculum may be modified as necessary for the individual patient(s). NOTES NOTES NOTES NOTES Other CPT notes (For counseling and education provided by a physician to an individual, see the appropriate evaluation and management codes including office or other outpatient services (99201-99215), hospital observation care (99217-99220, 99224-99226) new or established patient office or other outpatient consultation (99241-99245) impatient consultations, (99251-99255) emergency department services (99201-99215) urising facility services (99304-99314, 99318) adomiciliary, rest home, or custodial care services (99344-99345) more services (99344-99346, 99318) domiciliary, rest home, or custodial care services (99344-99345) impatient consultation for Use of the CPT code book for definition or reporting qualifications. (For health and behavior assessment/intervention that is not part of a standardized curriculum, see 96150-96155) See also instruction for Use of the CPT code book for definition of resporting qualifications. (For health and behavior assessment/intervention that is not part of a standardized curriculum, see 96150-96155) APPLICABLE POPULATION(S) Child (0-11) (18-20) Geriatric (65+) Provided For part of the visit provided for the patient's scincial and training program must be consistent with guidelines or standards established or recognized by a physic	98962		■ Medicaid				
SERVICE DESCRIPTION CPT codes 98960-98962 are used to report educational and training services prescribed by a physician or other qualified health care professional (Prescribers) and provided by a qualified, non-physician health care professional using a standardized curriculum to an individual or a group of patients for the treatment of established illness(s)/disease(s) or to delay comorbidity(s). Education and training for patient's self-management may be reported with these codes only when using a standardized curriculum and training for patient's self-management may be reported with these codes only when using a standardized curriculum and training for patient's self-management may be reported with these codes only when using a standardized curriculum and training for patient's self-management may be reported with these codes only when using a standardized curriculum and training for patient's self-management codes including office or other companies of the individual patient(s). NOTES NOTES NOTES EXAMPLE ACTIVITIES The purpose of the educational and training services is to teach the patient (may include caregiver(s)) how to effectively self-manage the evaluation and management codes including office or other outpatient consultations (99214-99245) inpatient consultations (99214-99245) emergency department services (99210-99215), hospital observation care (99211-99225) emergency department services (99210-99215) more services (99304-99310, 99315-99315-99316, 99318) dominiciany, rest home, or custodial care services (99213-99235) nursing facility services (99304-99316, 99317-9935). 93316, 93318) dominiciany, rest home, or custodial care services (99214-99238) nursing facility services (99341-99346, 99347-9934	30302	·	⊠ OBH				
Technical Documentation Requirements Service prescribed by a physician or other qualified health care professional (Prescribers) and provided by a qualified, non-physician health care professional using a standardized curriculum to an individual or a group of patients for the treatment of established illness(s)/disease(s) or to delay comorbidity(s). Education and training for patients's self-management may be reported with these codes only when using a standardized curriculum as described below. This curriculum may be modified as necessary for the clinical needs, cultural norms and health literacy of the individual patient(s). NOTES							
See Page 269 Service Content See Page 269 Service Content Service Content Service Content 1. The reason for the visit. Provider prescribing the service. What was the intended outcome of training and/or education (must relate to a wellness goal on client's treatment plan) 2. Description of class provided, including education regarding the importance on furthirton specific to reducing health disposits. Practice of skills to improve health. 3. Pignes towards wellness goal 4. Plan for next context EXAMPLE ACTIVITIES The purpose of the educational and training services is to teach the patient's self-management codes including office or other outpatient services (99201-99215), hospital observation care (99211-99220, 99224-99226) enve or established patient office or other outpatient consultation (99241-99245) in patient consultations (99251-9925) emergency department services (99281-9928) nursing facility services (99341-99345, 99345-99315) domiciliary, rest home, or custodial care services (993499337) home services (99341-99346, 99347-99350). See also instruction for Use of the CPT code book for definition of reporting qualifications. See Page 269 Service Content 1. The reason for the visit. Provider prescribing the service. What was the intended outcome of training and/or education (must relate to a wellness goal on client's treatment plan) and training reparding the intended outcome of training and/or education (must relate to a wellness goal on client's treatment plan). 2. Description of class provided, including education regarding the intended outcome of training and education and training reparding the intended outcome of training and education and training reparding the intended outcome of training and education and training reparding the intended outcome of training and education and training reparding the intended outcome of training and education and training reparding the intended outcome of training and education and training reparding the patient's elimination and education and training r	SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREM	MENTS				
professional (Prescribers) and provided by a qualified, non-physician health care professional using a standardized curriculum to an individual or a group of patients for the treatment of established illness(s)/disease(s) or to delay comorbidity(s). Education and training for patients's self-management may be reported with these codes only when using a standardized curriculum as described below. This curriculum may be modified as necessary for the clinical needs, cultural norms and health literacy of the individual patient(s). **NOTES** Other CPT notes (For counseling and education provided by a physician to an individual, see the appropriate evaluation and management codes including office or other outpatient services (99201-99215) hospital observation care (99217-99225) newer or established patient office or other outpatient consultation (99241-99245) impatient consultations, (99251-99255) emergency department services (99204-99318) domiciliary, rest home, or custodial care services (99304-99319, 99316, 99315) home services (99304-99346,99347-99350). Sea also instruction for Use of the CPT code book for definition of reporting qualifications. **Porgress towards wellness goal 4.** Plan for next contact ** **Education and training services is to teach the patient (may include caregiver(s)) how to effectively self-manage the patient (may include caregiver(s)) how to effectively self-manage the patient (may include caregiver(s)) how to effectively self-manage the patient (may include caregiver(s)) how to effectively self-manage the patient (may include caregiver(s)) how to effectively self-manage the patient (may include caregiver(s)) how to effectively self-manage the patient (may include caregiver(s)) how to effectively self-manage the patient (may include caregiver(s)) how to effectively self-manage the patient (may include caregiver(s)) how to effectively self-manage the patient (may include caregiver(s)) how to effectively self-manage the patient (may include a caregiver(s)) how to effectively self-man	CPT codes 98960-98962 are used to report educational and training	g Technical Documentation Requirements	s				
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End Notes

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- ¹⁸ American Medical Association (AMA) (2009). *Current Procedural Terminology (CPT), Fourth Edition*. Chicago, IL: American Medical Association (AMA).
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<sup>22</sup> §12-43-601(5)(a)-(b), CRS.
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²³ § 12-43-601(2), CRS.

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²⁷ § 12-38-111.5, CRS.

²⁸ 3 CCR 716-1-14, 1.2.

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³⁹ § 12-38-103(10)(b)(I) – (VI), CRS.

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⁴² § 12-36-101, CRS.

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⁴⁵ Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 4.

⁴⁶ "There is a special exemption in the law that authorizes individuals trained and employed in residential or day program services for persons with developmental disabilities (DD) to administer medications through gastrostomy or naso-gastric tubes. These residential and day program services must be provided through service agencies approved by the Colorado Department of Human Services (CDHS)." See Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 2.

⁴⁷ Colorado Department of Public Health & Environment (DPHE), Health Facilities & Emergency Medical Services Division (May, 2009). *Medication Administration Video Handbook*. Denver, CO: DPHE, page 15.

⁴⁸ § 12-43-401(11), CRS.

⁴⁹ § 12-43-403(1), CRS.

- ⁶⁰ § 25-1.5-103(d), CRS, defines hospice care as "an entity that administers services to a terminally ill person utilizing palliative care or treatment."
- ⁶¹ §§ 25-1.5-103(b) and 27-1-201(2), CRS, defines a community mental health center as "either a physical plant or a group of services under unified administration and including at least the following: inpatient services; outpatient services; day hospitalization; emergency services; and consultation and educational services, which services are provided principally for persons with mental illness residing in a particular community in or near which the facility is situated."
- ⁶² § 25-1.5-103(c), CRS, defines a facility for persons with developmental disabilities as "a facility specifically designed for the active treatment and rehabilitation of persons with developmental disabilities or a community residential home, as defined in § 27-10.5-102(4), CRS, which is licensed and certified pursuant to § 27-10.5-109, CRS.

Livii US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) (2008). Chapter 23 – Fee Schedule Administration & Coding Requirements. Medicare Claims Processing Manual. Baltimore, MD: US Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services (CMS).

⁵⁰ § 12-43-404, CRS.

⁵¹ § 12-43-401(4), CRS.

⁵² § 12-43-409, CRS.

⁵³ For Social Workers (SWs), the practice of psychotherapy is limited to LCSWs or LSWs supervised by LCSWs.

⁵⁴ §§ 12-43-406(1) and 12-43-409, CRS.

^{55 § 12-43-701(4),} CRS.

⁵⁶ § 12-43-202, CRS.

⁵⁷ §12-43-215(8), CRS.

⁵⁸ HIPAA directed the Secretary of the Department of Health and Human Services (HHS) to adopt national standards for electronic transactions. These standard transactions require all health plans and providers to use standard code sets to populate data elements in each transaction. The Transaction and Code Set Rule adopted the ASC X12N-837 Health Care Claim: Professional, volumes 1 and 2, version 4010, as the standard for electronic submission of professional claims. The POS code set currently maintained by CMS is identified in this standard as the code set for describing service locations in such claims.

⁵⁹ Centers for Medicare & Medicaid Services (CMS). Retrieved from http://www.cms.hhs.gov/PlaceofServiceCodes/ 01_Overview.asp#TopOfPage.

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lxiv Washington Healthcare Forum, Work Smart Institute (2007). *Administrative Simplification: Operational Guidelines, Version 5.8.* Seattle, WA: OneHealthPort.

^{lxv} The coding standard is that there is usually at least 25% more work involved when a 22 (Unusual Procedural Service) modifier is appended to a procedure code.

lxvi American Medical Association (AMA) (March, 2001). Psychiatry Services Update. CPT Assistant, 11:3, page 3.

laviii This modifier description changed from "unusual procedural service" to "increased procedural services" effective January 1, 2008.

National Correct Coding Initiative (NCCI) (2009). *General Correct Coding Policies for National Correct Coding Initiative Policy Manual for Medicare Services, Version 14.3.1.* Carmel, IN: Correct Coding Solutions, Inc., page I-14.

As part of the research for the *USCS Manual*, various manuals, transmittals, transactions and code set standards, and articles and educational web guides regarding procedure coding were accessed on the CMS web site at http://www.cms.hhs.gov/home/regsguidance.asp. That research is referenced and footnoted throughout this document.

laxii In addition to coding manuals and the Centers for Medicare & Medicaid Services (CMS), other sources of coding information and guidance were identified through research. Appendix D lists a bibliography of the additional sources referenced as the basis for the information found in Section II.F.

where the coding manuals and guidelines offer no direction with regard to minimum documentation standards, the Colorado Department of Human Services, Office of Behavioral Health (DHS-OBH) documentation requirements, as set forth in 2 CCR 502-2, are referenced.

haviv In addition to coding manuals and the Centers for Medicare & Medicaid Services (CMS), other sources of coding information and guidance were identified through research. Appendix D lists a bibliography of the additional sources referenced as the basis for the information found in Section II.F.

procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the behavioral health organization (BHO) current contracts.

bxvi Minimum and/or maximum duration limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the behavioral health organization (BHO) current contracts.

bxvii Mode of delivery limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, Colorado Medical Assistance Program (MAP) Provider Specialty Manuals, and the behavioral health organization (BHO) current contracts.

bxxiii Colorado Medical Assistance Program (MAP). (September, 2007). *Provider Specialty Manuals*. Denver, CO: Colorado Medical Assistance Program (MAP), pages S-128 – S-132.

havix In addition to coding manuals and the Centers for Medicare & Medicaid Services (CMS), other sources of coding information and guidance were identified through research. Appendix D lists a bibliography of the additional sources referenced as the basis for the information found in Section II.F.

MINIMUM STAFF REQUIREMENTS are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), and the Medicaid State Plan and 1915(b)(3) Waiver.

Program service categories are based on the Medicaid State Plan and 1915(b)(3) Waiver, the behavioral health organization (BHO) current contracts, and the Colorado Department of Health Care Policy & Financing (HCPF) Approved Procedure Code List for Calendar Year 2009.

boxii Place of service (POS) limits are based on the coding manuals and guidelines, as well as the State definitions of services and procedures found in the Colorado Code of Regulations (CCR), the Colorado Revised Statutes (CRS), the Medicaid State Plan and 1915(b)(3) Waiver, and the behavioral health organization (BHO) current contracts.

Uniform Service Coding Standards Manual 2015

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lxxxiii Colorado Medical Assistance Program (MAP). (September, 2007). *Provider Specialty Manuals*. Denver, CO: Colorado Medical Assistance Program (MAP), pages S-128 – S-132.

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